

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90297 023 ***150.00

DOCUMENT #

1. Entity Name

P 000000 72624

H & PRIYA INC

DO NOT WRITE IN THIS SPACE

969328

2. Principal Place of Business

1126 N. MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

7300 SR 471

Suite, Apt. #, etc.

City & State

BUSHNEU FL

City & State

BUSHNEU FL

4. FEI Number

59-3696893

Applied For

Not Applicable

Zip

33513

Country

Zip

33513

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GAUTAM PATEL

Street Address (P.O. Box Number is Not Acceptable)

7300 SR 471

City

BUSHNEU

FL

Zip Code

33513

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

P
PATEL GAUTAM
7300 SR 471
BUSHNEU FL 33513

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #