FILED

7067307
Ş

2003 FOR PROFIT CORPORATION Jan 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000079126 **DOCUMENT #** 1. Entity Name 01-31-2003 90153 034 ***158.75 PRERAK, INC. Principal Place of Business Mailing Address 2907 SW 2ND STREET 2907 SW 2ND STREET GAINESVILLE FL 32601 **GAINESVILLE FL 32601** 2. Principal Place of Business 3. Mailing Address PRERAK PRERAK Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 418 5W SW Applied For City & State & State 4. FEI Number 59-3666324 nesville Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, MEHUL Street Address (P.O. Box Number is Not Acceptable) 2907 SW 2ND STREET **GAINESVILLE FL 32601** City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Addition TITLE Delete PATEL, MEHUL PATEL, MEHUL NAME NAME 2907 SW 2ND STREET STREET ADDRESS STREET ADDRESS 1418 SW 25+h PL GAINESVILLE FL 32601 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

□ Delete

☐ Delete

Change

☐ Change

Addition

Addition