

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90214 013 \*\*\*150.00

**DOCUMENT # P01000066995**

**1. Entity Name**  
**PRAHALAD ENTERPRISES INC.**

**Principal Place of Business**

**3101 MAGUIRE BLVD**  
**#101**  
**ORLANDO FL 32803**

**Mailing Address**

**3101 MAGUIRE BLVD**  
**#101**  
**ORLANDO FL 32803**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3613 W. HILLSBOROUGH AVE**

**3. Mailing Address**

**3613 W. HILLSBOROUGH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**TAMPA FL.**

**City & State**

**TAMPA FL.**

**4. FEI Number**

**59-375-8066**

**Applied For**

**Not Applicable**

**Zip**

**33614**

**Country**

**U.S.A.**

**Zip**

**33614**

**Country**

**U.S.A.**

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HARWOOD, CHRIS J**

**3103 MAGUIRE BLVD STE 101**  
**ORLANDO FL 32803**

**7. Name and Address of New Registered Agent**

**Name**

**RONALD, W. PRAHALAD**

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

**15816, COUNTRY LAKE DR. N.E.**

**City**

**TAMPA**

**FL**

**Zip Code**

**33624**

**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]*

**04-20-02**

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)**

☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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** **P** ☐ Delete  
**NAME** **PRAHALAD, RONALD**  
**STREET ADDRESS** **3101 MAGUIRE BLVD, #101**  
**CITY-ST-ZIP** **ORLANDO FL 32803**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **V/S** ☐ Change ☒ Addition  
**NAME** **PRAHALAD PRAMELA**  
**STREET ADDRESS** **15816, COUNTRY LAKE DR.**  
**CITY-ST-ZIP** **TAMPA FL 33624**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]* **RONALD, W. PRAHALAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-20-02 813-879 2560**

Date

Daytime Phone #

CR2E034 (9/01)