

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-24-2002 90336 030 ***150.00

DOCUMENT # P01000093791

1. Entity Name
CONGREAT, INC.

Principal Place of Business

**3511 N.W. 113 CT
 MIAMI FL 33172**

Mailing Address

**3511 N.W. 113 CT
 MIAMI FL 33172**

2. Principal Place of Business

3511 N.W. 113 COURT

3. Mailing Address

3511 N.W. 113 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-1146991

Applied For

Not Applicable

Zip

33178

Country

US

Zip

33178

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHIFF, JAMES M
 9130 S DADELAND BLVD.
 SUITE 1609
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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) ☐

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 **D** ☐ Delete
 NAME **KITCHLOO, ASHOK**
 STREET ADDRESS **3511 N.W. 113 CT**
 CITY- ST- ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **KITCHLOO, ASHOK**
 STREET ADDRESS **3511 N.W. 113 COURT**
 CITY- ST- ZIP **MIAMI, FL. 33178**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ASHOK KITCHLOO) 4/12/02 305-477-9594

Date

Daytime Phone #

CR2E034 (9/01)