

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90259 033 ***150.00

DOCUMENT # *P01000120526*

1. Entity Name

SAUTRI & SONS ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4848 NW 24 CT.

Suite, Apt. #, etc.

414

City & State

Lauderdale Lakes, FL

Zip

33313

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

24053165

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0555516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAUTRI SINGH PYLES

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

4848 NW 24 CT #414

City

Laud LKS

FL

Zip Code

33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and is not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. **PRESIDENT** OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *SAUTRI SINGH PYLES*
STREET ADDRESS *4848 NW 24 CT #414*
CITY-ST-ZIP *Laud LKS, FL 33313*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

954-484-2828

Date

Daytime Phone #

CR2E034B (12/02)