

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000043688

1. Entity Name
PARAG CONSTRUCTION, INC.



FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90071 033 ***550.00

0017788 AV

Principal Place of Business
1423 S HARBOR CITY BLVD
MELBOURNE FL 32901

Mailing Address
1423 S HARBOR CITY BLVD
MELBOURNE FL 32901

2. Principal Place of Business

600 Crestwood Ct. N

3. Mailing Address

Same

Suite, Apt. #, etc.

613

Suite, Apt. #, etc.

City & State

Royal Palm Beach

City & State

4. FEI Number

75-3042398

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PARAG, SANJAY A -
1423 S HARBOR CITY BLVD
MELBOURNE FL 32901

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/17/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PARAG, HEMAL A
STREET ADDRESS 1423 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32901

TITLE VSD ☐ Delete
NAME PARAG, SANJAY A
STREET ADDRESS 1423 S HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/03

Date

(561) 792-5840

Daytime Phone #

CR2E034 (4/03)