

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90074 010 ***550.00

DOCUMENT # P02000043705

1. Entity Name

PARAG DEVELOPMENT & MANAGEMENT, INC.



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

1423 S. HARBOR CITY BLVD

Suite, Apt. #, etc.

3. Mailing Address

5021 WILES RD.

Suite, Apt. #, etc.

204

City & State

MELBOURNE, FL

City & State

COCONUT CREEK, FL

Zip

32901

Country

USA

Zip

33073

Country

USA.

4. FEI Number

75-3042414

Applied For

Not Applicable

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

03/12/03

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **PARAG, HEMAL A**
CITY-ST-ZIP **1423 S HARBOR CITY BLVD**
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
NAME
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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

03/12/03
Date

(321) 794-5656
Daytime Phone #

CR2E034 (4/03)