

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 91790 001 ***300.00

DOCUMENT # P02000094323			
1. Entity Name PERSAUD PROPERTY MANAGEMENT, INC.			
Principal Place of Business 1501 15TH AVENUE NORTH ST. PETERSBURG FL 33704		Mailing Address 1501 15TH AVENUE NORTH ST. PETERSBURG FL 33704	
2. Principal Place of Business 1501 15TH AVE N Suite, Apt. #, etc.		3. Mailing Address 1501 15TH AVE N Suite, Apt. #, etc.	
City & State St Petersburg FL		City & State St Petersburg FL	
Zip 33704		Country Pinellas	
Zip 33704		Country Pinellas	
4. FEI Number 12-81-061182		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, DIANE S ESQ. 1802 WEST CLEVELAND ST. TAMPA FL 33606		7. Name and Address of New Registered Agent Name: Deochand D Persaud Street Address (P.O. Box Number is Not Acceptable): 1501 15TH AVE N City: St Petersburg FL Zip Code: 33704	
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: <u>Deochand D Persaud</u> DATE: <u>05-19-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERSAUD, DEOCHAND 1501 15TH AVENUE NORTH ST. PETERSBURG FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERSAUD, RAI 1501 15TH AVENUE NORTH ST. PETERSBURG FL 33704	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Deochand D Persaud</u>		SIGNATURE REQUIRED <u>Persaud</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date: 05-19-03 Daytime Phone #</small>	

CR2E034 (10/02)