

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

FILED ATX1
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000004135	
1. Entity Name	
PG UNIVERSAL INVESTMENT FLORIDA INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 102 AMBERWOOD CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LONGWOOD, FL		City & State	
Zip 32779	Country	Zip	Country

4. FEI Number 20-2439647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

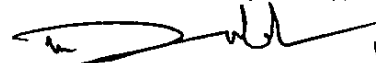
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GULATI, VIJAY K 102 AMBERWOOD CT. LONGWOOD FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UBR00071241 03/28/07-30021-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURI, SUBHASH C 403 FAX VALLEY DR. LONGWOOD FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:

 VIJAY K GULATI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/07

Date

4076820099

Daytime Phone #