

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90054 007 \*\*\*165.00

**DOCUMENT # P94000043748**

1. Entity Name  
**POURAV CORPORATION**

Principal Place of Business

2100 HWY 92 WEST  
 WINTER HAVEN FL 33881  
 US

Mailing Address

2100 HWY 32 WEST  
 WINTER HAVEN FL 33881  
 US

2. Principal Place of Business  
**POURAV INC**

3. Mailing Address  
**2100 Hwy 92 West**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Haven Florida.33881**

City & State

4. FEI Number

**59-3248347**

Applied For

Not Applicable

Zip  
**33881**

Country  
**POLK**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYER, CHARLES R**  
**5835 BARTOW RD. SOUTH**  
**LAKELAND FL 33813**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PATEL, VARSHA C</b>	
STREET ADDRESS	<b>5559 HIGHLAND VISTA CR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>PATEL, CHANDRAKANT M</b>	
STREET ADDRESS	<b>5559 HIGHLAND VISTA CR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

Date

Daytime Phone #

4/14/00

863-956-2972

CR2E034 (9/99)