

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90054 013 \*\*\*150.00

**DOCUMENT # P94000043748**

1. Entity Name  
**POURAV CORPORATION**

Principal Place of Business <b>2100 HWY 92 WEST          WINTER HAVEN FL 33881          US</b>	Mailing Address <b>2100 HWY 92 WEST          WINTER HAVEN FL 33881          US</b>
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**654938**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>POURAV CORPORATION</b>	3. Mailing Address <b>2100 HWY 92 WEST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>2100 HWY 92 WEST FL WINTER HAVEN FL</b>	4. FEI Number <b>59-3248347</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33881</b>	Country <b>POLK</b>	Zip <b>33881</b>	Country <b>POLK</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MAYER, CHARLES R  
 5835 BARTOW RD. SOUTH  
 LAKELAND FL 33813**

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.  
 SIGNATURE *[Signature]* DATE **4/29/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PATEL, VARSHA C 5559 HIGHLAND VISTA CR LAKELAND FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PATEL, CHANDRAKANT M 5559 HIGHLAND VISTA CR LAKELAND FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **C CHANDRAKANT M. PATEL** DATE **4/29/01** DAYTIME PHONE # **863-956-2372**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)