

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT# **994000072640**

1. Corporation Name

PRAGATI INVESTMENTS, INC.
7561 NW 9 ST
PLANTATION, FLORIDA 33317

Principal Place of Business

Mailing Address

7561 NW 9 ST
PLANTATION
FLORIDA 33317

7561 NW 9 ST
PLANTATION
FLORIDA 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-4-94

2. Principal Place of Business

21 7561 NW 9 ST

Suite, Apt. #, etc

22

City & State

23 PLANTATION, FL

Zip

24 33317

Country

25 BROWARD

2a. Mailing Address

26 7561 NW 9 ST

Suite, Apt. #, etc

27

City & State

28 PLANTATION, FL

Zip

29 33317

Country

30 BROWARD

4. FEI Number

65-0523412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CHRIS MANCINO
1215 SE 2 AVE
SUITE 102
FT. LAUDERDALE, FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **PATEL, GANPAT**

STREET ADDRESS **2075 STATE RD 84**

CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE **ST** ☐ DELETE

NAME **THACKER, BHARAT**

STREET ADDRESS **2075 STATE ROAD 84**

CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☒ Change ☐ Addition

12 NAME **PATEL, GANPAT**

13 STREET ADDRESS **7561 NW 9 ST**

14 CITY-ST-ZIP **PLANTATION, FL 33317**

21 TITLE **ST** ☒ Change ☐ Addition

22 NAME **THACKER BHARAT**

23 STREET ADDRESS **7561 NW 9 ST**

24 CITY-ST-ZIP **PLANTATION, FL 33317**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002438531

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*****150.00**

PE 2-23

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Bharat I Thacker** **BHARAT I. THACKER**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/11/98

954-792-2744

Date

Daytime Phone #

CR2E034 (10/97)