2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P94000072640 PRAGATI INVESTMENTS, INC. 04-23-2001 90129 010 ***150.00 Principal Place of Business Mailing Address 7561 NW 9 ST 7561 NW 9 ST PLANTATION FL 33317 PLANTATION FL 33317 1220000 2. Principal Place of Business 3. Mailing Address 2075 W. STATE ROAD 84 2075 W. STATE ROAD 84 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0523412 FORT LAUDERDALE FL Not Applicable FORT LAUDERDALE FL \$8.75 Additional 5. Certificate of Status Desired 33315 33315 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATEL. GANPAT Street Address (P.O. Box Number is Not Acceptable) 1317 S FEDERAL HIGHWAY FT LAUDERDALE FL 33316 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition □ Delete TITLE TITLE THACKAR, BHARAT NAME NAME STREET ADDRESS STREET ADDRESS 7561 NW 9 ST CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 DP ☐ Defete TITLE Change ☐ Addition NAME PATEL, GANPAT NAME 1317 S. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIG	NΔ	TL	IR	E:	

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR