

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90189 005 ***150.00

DOCUMENT # P95000011304

1. Entity Name
PRINCIP INVESTMENT GROUP, INC.



Principal Place of Business
250 NW 9 ST
#500
BOCA RATON, FL 33432

Mailing Address
250 NW 9 ST
#500
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

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

PRINCE, HASNAT A
250 NW 9 ST
BOCA RATON, FL 33432

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 registering)

DATE

FILED NOW WITH FEE IS \$150.00

PRAY MAY 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PRINCE, HASNAT A**
STREET ADDRESS **250 NW 9 ST**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **PRINCE, SALMA B**
STREET ADDRESS **250 NW 9 ST**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/103

Daytime Phone #

CR2E034 (10/02)

Attachment

90138394

TO,

DIVISION OF CORPORATION

05/30/03

P.O. BOX - 6327,

TALLAHASSEE,

FLORIDA - 32314.

REF: P95066011304

DEAR SIR/MADAM,

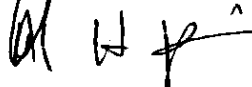
EVERY YEAR WE RECEIVED UNIFORM
BUSINESS REPORT FORM.

UNFORTUNATELY THIS YEAR 2003, WE NEVER
RECEIVED THAT FORM.

WE THOUGHT WE HAVE TIME UNTIL MAY 31
2003. WHEN I CALLED I LEARNED IT WAS
MAY 01. WE'RE SORRY.

PLEASE EXCEPT OUR REPORT FEE
OF \$150.00 FOR 2003. OTHERWISE IT WILL BE
CLOSE OUR CORPORATION. WE CANNOT AFFORD
THE LATE FEE.

THANK YOU.



PRESIDENT (HASNAT PRINCE)