

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90123 049 \*\*\*158.75

**DOCUMENT #** P95000063200 ✓

**1. Entity Name**  
Puri & Ghulati, Inc. dba Lynbrook Pawn

**Principal Place of Business** **Mailing Address**  
[Faint illegible text]

**2. Principal Place of Business** **3. Mailing Address**  
868 Jupiter Blvd. N.W. ← Same  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
Unit #9

**City & State** **City & State**  
Palm Bay, FL  
**Zip** **Country** **Zip** **Country**  
32907 USA

**4. FEI Number** **Applied For**  
51-6074865 ☐ **Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Sanjay Ghulati  
3765 Big Pine Road  
Melbourne FL 32934-8521

**7. Name and Address of New Registered Agent**  
**Name** Robert L. Good  
**Street Address (P.O. Box Number is Not Acceptable)**  
684 Seven Gables Circle, SE  
**City** Palm Bay **FL** **Zip Code** 32909

**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] Robert L. Good, President **DATE** 3-30-01  
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.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

11. OFFICERS AND DIRECTORS		
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<u>President, Secretary, Treasurer</u>	
<b>CITY-ST-ZIP</b>	<u>Sanjay Ghulati</u>	
	<u>3765 Big Pine Road</u>	
	<u>Melbourne, FL 32934-8521</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
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<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<u>Robert L. Good</u>	
<b>CITY-ST-ZIP</b>	<u>President, Secretary, Treasurer</u>	
	<u>684 Seven Gables Circle, S.E.</u>	
	<u>Palm Bay, FL - 32909</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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] Robert L. Good, President **DATE** 3-30-01 **Daytime Phone #** (321) 722-3570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)