

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90042 041 ***150.00

DOCUMENT # P95000086204

1. Entity Name
LOKIT INVESTMENT, INC.

Principal Place of Business 2512 ORANGE AVENUE FT. PIERCE FL 34947	Mailing Address SHARAT R. CHAW PRAFUL PATEL 1835 W. COMMERCIAL BLVD., SUITE 130 FT. LAUDERDALE FL 33309
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 2512 Orange Ave. Suite, Apt. #, etc. City & State Fort Pierce, Florida Zip 34947 Country St. Lucie
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0623862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAH, BHARAT R 1831 W. EAGLETRACE BLVD. CORAL SPRINGS FL 33071	7. Name and Address of New Registered Agent Name PRAFUL PATEL Street Address (P.O. Box Number is Not Acceptable) 1302 Nebraska Ave. Apt 1-B City Fort Pierce FL Zip Code 34950
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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 *Praful Patel* **PRAFUL PATEL, President Feb. 26, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAH, BHARAT R 1831 W. EAGLE TRACE BLVD. CORAL GABLES FL 33071 <input checked="" 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	VP SHAH, SUNITA B 1831 W. EAGLE TRACE BLVD. CORAL GABLES FL 33071-1 <input checked="" 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	Preside Praful Patel <input type="checkbox"/> Delete 1302 Nebraska Ave, Apt 1-B Fort Pierce, FL 34950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rokilla Patel <input type="checkbox"/> Delete 1302 Nebraska Ave, Apt 1-B Fort Pierce, FL 34950	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
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

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: *Praful Patel* **PRAFUL PATEL 2/26/01** (561) 595-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)