

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90071 027 ***158.75

DOCUMENT # **P95000086204**

1. Entity Name

Lokit INVESTMENT INC.

DO NOT WRITE IN THIS SPACE

420174

2. Principal Place of Business

2512 Orange Ave

3. Mailing Address

2512 Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Pierce

City & State

City & State

FL 34947

Fort Pierce FL

4. FEI Number

65-0623862

Applied For

Not Applicable

Zip

Country

Zip

Country

34947

ST. Lucie

34947

ST. Lucie

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Patel PRAFUL

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

1302 NEBRASKA AVE

Fort Pierce

City

FL

Zip Code

34950

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P**
NAME **Patel PRAFUL**
STREET ADDRESS **1302 NEBRASKA AVE**
CITY-ST-ZIP **F. P. FL 34950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V**
NAME **Patel Kokila**
STREET ADDRESS **1302 NEBRASKA AVE**
CITY-ST-ZIP **FL. FL. 34950**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 19.02 561.595-1956

CR2E034B (12/01)