

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045926

1. Entity Name

PRANIL INTERNATIONAL, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90052 006 ***150.00

Principal Place of Business

6229 W GATE DR #1706
ORLANDO FL 32835

Mailing Address

6229 W GATE DR #1706
ORLANDO FL 32835

2. Principal Place of Business

6209 WESTGATE DR

Suite, Apt. #, etc.

APT # 1101

City & State

ORLANDO FL

Zip

32835

Country

USA

3. Mailing Address

6209 Westgate Dr

Suite, Apt. #, etc.

APT # 1101

City & State

Orlando FL

Zip

32835

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3447429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAYEE, PRAVIN

6229 W GATE DR #1706

ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

NAYEE PRAVIN

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

6209 WESTGATE DR #1101

City

ORLANDO

FL

Zip Code

32835

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)

☐

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME NAYEE, PRAVIN
STREET ADDRESS 6229 W GATE DR #1706
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☐ Delete

NAME NAYEE, SHANKERLAL
STREET ADDRESS 6229 W GATE DR #1706
CITY-ST-ZIP ORLANDO FL 32835

TITLE STD ☐ Delete

NAME NAYEE, HARSHAD
STREET ADDRESS 6229 W GATE DR #1706
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

407 291 6835

Daytime Phone #

CR2E034 (10/00)