

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90942 011 \*\*\*150.00

**DOCUMENT # P97000045926**

1. Entity Name  
**PRANIL INTERNATIONAL, INC.**



Principal Place of Business  
**6209 WESTGATE DR.  
APT #1101  
ORLANDO FL 32835**

Mailing Address  
**6209 WESTGATE DR.  
APT #1101  
ORLANDO FL 32835**



2. Principal Place of Business

**784 Mt Pleasant Dr**

3. Mailing Address

**784 Mt Pleasant Dr**

Suite, Apt. #, etc.

**DCORE, FI**

Suite, Apt. #, etc.

City & State

**DCORE FI**

Zip

Country

**34761**

Zip

Country

**34761**

4. FEI Number

**59-3447429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NAYEE, PRAVIN  
6209 WESTGATE DR.  
APT #1101  
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

**Nayee Pravin**

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

**784 Mt Pleasant Dr**

City

**DCORE**

**FL**

Zip Code

**34761**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAYEE, PRAVIN	
STREET ADDRESS	6209 WESTGATE DR #1101	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NAYEE, SHANKERLAL	
STREET ADDRESS	6209 WESTGATE DR #1101	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NAYEE, HARSHAD	
STREET ADDRESS	6209 WESTGATE DR #1101	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

Daytime Phone #

CR2E034 (10/02)