## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P97000065840** Mar 04, 2000 8:00 am **Secretary of State** POONAM PROPERTIES INC. 03-04-2000 90109 008 \*\*\*150.00 Principal Place of Business Mailing Address 2251 S OLD DIXIE HWY 2251 S OLD DIXIE HWY BUNNELL FL 32110 BUNNELL FL 32110-9339 lus 66716000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0778220 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PACHIGAR, PARESH Street Address (P.O. Box Number is Not Acceptable) 2251 S OLD DIXIE HWY **BUNNELL FL 32110** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition Delete TITLE TITLE PATEL, PRAVIN NAME STREET ADDRESS STREET ADDRESS 2251 S OLD DIXIE HWY CITY-ST-ZIP CITY-ST-7IP **BUNNELL FL 32110** ☐ Addition ☐ Change 💢 Delete TITLE SHAH, POONAM NAME NAME STREET ADDRESS 2251 S OLD DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BUNNELL FL 32110** ~P/S/T/D Change Addition ☐ Delete TITLE PACHIGAR PARESH PACHIGAR, PARESH NAME 2251 S OLD DIXIE HWY STREET ADDRESS STREET ADDRESS 2251 S OLD DIXIE HWY BUNNELL, FL 32110 CITY-ST-ZIP CITY-ST-ZIP **BUNNELL FL 32110** ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 appears with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

(**9**04) 437.3737

Daytime Phone #