

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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90015 031 ***150.00

DOCUMENT # P 9700006540

1. Entity Name

Poonam Properties, Inc



DO NOT WRITE IN THIS SPACE

24076120

2. Principal Place of Business

2251 S. OLD DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

2251 S. OLD DIXIE HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BUNNELL

City & State

BUNNELL

4. FEI Number

65-0778220

Applied For

Not Applicable

Zip

FL

Country

32110

Zip

FL

Country

32110

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PARESH PACHIGAR

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

2251 S. OLD DIXIE HWY

City

BUNNELL

FL

Zip Code

32110

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
PARESH PACHIGAR
2251 S. OLD DIXIE HWY
BUNNELL, FL 32110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

attachment 24076120

#P9700006540

May 14th 04.

To:

Division of Cooperation.

We did not receive the form for
the renewal of Corporation, so we called
in to send us the renewal form as
soon as we got received we are mailing
you this form, so please receive the letter

Thanks.

Hollyer.

Les Poeman Properties