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

**DOCUMENT#** 

1. Entity Name

P980000 47487.

## **FILED** Feb 10, 2002 8:00 am Secretary of State 02-10-2002 90010 045 \*\*\*150.00

PRAMUKH ENT	CERPRISE IN	·		
DO NOT WE	RITE IN THIS SF	PACE	8188	356
2. Principal Place of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc. 12421 S. Hwy 301	Suite, Apt. #, etc.	HWY 201	DO NOT WRITE IN TH	IS SPACE
City & State  DADE CITY F	City & State  DADE  T		4. FEI Number 59 - 35 16/54	Applied For Not Applicable
Zip Country 33525 USA	Zip 33525	Country USA	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
DO NO	DO NOT WRITE Street Addr		7. Name and Address of Current Registered Agent  For AN LAL PATEL	
	·		P.O. Box Number Is Not Acceptable)	
IN THIS SPACE		IRARA S. HWY301  City PADE CATY FL Zip Code 33525		
	4			FL Zip Code 33525
8. The above named entity submits this star	tement for the purpose of changing its  Laman le	registered office or register		124102
Signature, typed or printed nacle of regis		: Registered Agent signature required		re
This corporation is eligible to satisfy its I Tax filing requirement and elects to do s (See criteria on back)	o. After May	ay 1 Fee is \$150.00 1, Fee is \$550.00 i UBR is \$61.25 le to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICE  TITLE PRESIDENT	RS AND DIRECTORS	TITLE		
NAME VISHMUBHAI	3. PATEL	NAME	,	•
STREET ADDRESS 12421 5.HWY CITY-ST-ZIP  DADE CETY		STREET ADDRESS CITY-ST-ZIP	•	
TITLE		TITLE	· ·	<del></del>
NAME STREET ADDRESS	,	NAME STREET ADDRESS	e e e e e e e e e e e e e e e e e e e	
CITY-ST-ZIP	And and the same of the same o	CITY-ST-ZIP		
TITLE		TITLE NAME		
NAME STREET ADDRESS		STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP		CITY-ST-ZIP	A CONTRACTOR OF THE CONTRACTOR	
TITLE		TITLE NAME	IN THIS SPA	/CE
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP TITLE		CITY-ST-ZIP	8	*
NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE		TITLE	<del></del>	
NAME · · · · ·		NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	er er	
13. I hereby certify that the information supplied indicated on this report or curplements	plied with this filing does not qualify for		ection 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 empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR