

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90005 043 ***150.00

DOCUMENT # P99000001223**1. Entity Name**
PINEAPPLE INVESTMENTS, INC.**Principal Place of Business**
414 NE 4TH ST
FORT LAUDERDALE FL 33301**Mailing Address**
414 NE 4TH ST
FORT LAUDERDALE FL 33301**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0896191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DALE, CHARLES S**
414 NE 4TH ST
FORT LAUDERDALE FL 33301

Name

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

City

FL

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) 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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	THADHANI, GAUTAM	
STREET ADDRESS	9345 SW 166TH COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THADHANI, MURU	
STREET ADDRESS	9345 SW 166TH COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THADHANI, SHELIA	
STREET ADDRESS	9345 SW 166TH COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THADHANI, PUJA M	
STREET ADDRESS	9345 SW 166TH COURT	
CITY-ST-ZIP	MIAMI FL 33196	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 07-2002 954-462-7472

Date

Daytime Phone #

CR2E034 (9/01)