

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000033061**

1. Entity Name

PURPLE RAIN PROPERTIES 101 INC.**FILED****Feb 07, 2000 8:00 am
Secretary of State**

02-07-2000 90062 026 ***150.00

Principal Place of Business

Mailing Address

**4691 N UNIVERSITY DR
SUITE 309
CORAL SPRINGS FL 33067****4691 N UNIVERSITY DR
SUITE 309
CORAL SPRINGS FL 33067-4620**

2. Principal Place of Business

4630 N UNIVERSITY DRIVE

3. Mailing Address

4630 N UNIVERSITY DRIVE

Suite, Apt. #, etc.

PMB 309

Suite, Apt. #, etc.

PMB 309

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

68-0949273

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KURZBAN, KURZBAN, WEINGER & TETZELI, P.A.
2650 SW 27TH AVENUE 2ND FLOOR
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **VAN SCHALKWYK, AREN**
CITY-ST-ZIP **4691 N UNIVERSITY DR #309
CORAL SPRINGS FL 33067**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4630 N. UNIVERSITY DRIVE PMB 309**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

AREN VAN SCHALKWYK**02-01-2000 (56) 6386749**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #