

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092211

1. Entity Name

PREM & SHANTI, INC.

Principal Place of Business

435 S. RIDGEWOOD AVE., #210
DAYTONA BEACH FL 32114

Mailing Address

435 S. RIDGEWOOD AVE., #210
DAYTONA BEACH FL 32114-4927

2. Principal Place of Business

1227 N. Atlantic Ave
Suite, Apt. #, etc.

3. Mailing Address

1227 N. Atlantic Ave
Suite, Apt. #, etc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 12:57



DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, FL
Zip 32118 Country USA

City & State

Daytona Beach, FL
Zip 32118 Country USA

4. FEE Number

59-3602584

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S. RIDGEWOOD AVE., #210
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: Pragnaught Prashad
Street Address (P.O. Box Number is Not Acceptable): 1227 N. Atlantic Ave
City: Daytona Beach FL Zip Code: 32118

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

Pragnaught Prashad

RESIGNED 01-17-00

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	Pres, Tres.	<input type="checkbox"/> Delete
NAME	Pragnaught Prashad	
STREET ADDRESS	1227 N. Atlantic Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	V. Pres, Sec.	<input type="checkbox"/> Delete
NAME	Parbattie Prashad	
STREET ADDRESS	1227 N. Atlantic Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32118	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Pragnaught Prashad

01-17-00

904-252-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)