

2001 UNIFORM BUSINESS REPORT (UBR)

4/30/

FILED
May 31, 2001 8:00 am
Secretary of State

04-30-2001 90100 029 ****61.25

DOCUMENT # N00000008385

1. Entity Name

SAI SHARAN INC.

Principal Place of Business

**5230 CONA REEF CT
 ORLANDO FL 32810-4075**

Mailing Address

**5230 CONA REEF CT
 ORLANDO FL 32810-4075**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1748660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RANGASWAMY, SRIDHAR
 5230 CONA REEF CT
 ORLANDO FL 32810-4075**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RANGASWAMY, SRIDHAR	
STREET ADDRESS	5230 CONA REEF CT	
CITY-ST-ZIP	ORLANDO FL 32810-4075	
TITLE	RANGASWAMY, SRIDHAR	<input checked="" type="checkbox"/> Delete
NAME	5230 CONA REEF CT	
STREET ADDRESS	ORLANDO FL 32810-4075	
CITY-ST-ZIP	ORLANDO FL 32810-4075	
TITLE	MR. GEORGE ROBINSON	<input type="checkbox"/> Delete
NAME	5206 CONA REEF CT	
STREET ADDRESS	ORLANDO, FL 32810-4075	
CITY-ST-ZIP	ORLANDO, FL 32810-4075	
TITLE	MONICA GARRETT	<input type="checkbox"/> Delete
NAME	P.O. BOX 570202	
STREET ADDRESS	ORLANDO, FL 32857	
CITY-ST-ZIP	ORLANDO, FL 32857	
TITLE	RAJESH MANDAYAM	<input type="checkbox"/> Delete
NAME	6001 PALM PLACE LANE	
STREET ADDRESS	#129, TAMPA FL 33647	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	Deborah Schuster	<input type="checkbox"/> Delete
NAME	2373 Forest Dr	
STREET ADDRESS	Clearwater FL 33763	
CITY-ST-ZIP	Clearwater FL 33763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. S. dila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

407-445-2520

Daytime Phone #

CR2E037 (10/00)