

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90281 004 ****61.25

DOCUMENT # N98000004805

1. Entity Name

SRIGANDHA KANNADA KOOTA OF FLORIDA, INC.

Principal Place of Business

Mailing Address

12134 COBBLESTONE DR.
 HUDSON FL 34667

12134 COBBLESTONE DR.
 HUDSON FL 34667-2432

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

59-3527606

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMAPPA, RENUKA
12134 COBBLESTONE DR.
HUDSON FL 34667

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

Renuka

President

4/26/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMAPPA, RENUKA	
STREET ADDRESS	12134 COBBLESTONE DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SASTRY, INDIRA	
STREET ADDRESS	5003 E LONG BOATBLVD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	S	<input type="checkbox"/> Delete
NAME	BABU, KESHAVA	
STREET ADDRESS	1921 COCO MEADOWS CIR #307	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	JSD	<input type="checkbox"/> Delete
NAME	DHARMAPPA, RAGINI	
STREET ADDRESS	5137 NW 109TH TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRAHALADAN, SUDHEENDRA	
STREET ADDRESS	8007-B HIDDEN RIVER DR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE REQUIRED
President

4/26/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)