

2001 UNIFORM BUSINESS REPC RT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90228 018 ***150.00

DOCUMENT # P0000000160

1. Entity Name

SAI INTERNATIONAL USA, INC.

Principal Place of Business: 1970 East Osceola Parkway, Kissimmee, FL 34743
 Mailing Address: 717 East Oak Street, Kissimmee, FL 34744

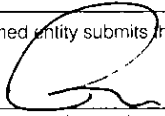
659983

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3665171		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Spiegel & Utrera, P.A. 343 Almeria Avenue Coral Gables, FL 33134				Name: Harry J. Swart, CPA Street Address (P.O. Box Number is Not Acceptable): 717 East Oak Street City: Kissimmee, FL Zip Code: 34744			

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:  DATE: 4/26/01

(Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW! After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P, T, D NAME: Hiten Arya STREET ADDRESS: 1970 East Osceola Parkway CITY-ST-ZIP: Kissimmee, FL 34743	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S, VP, D NAME: S. Arya STREET ADDRESS: 1970 East Osceola Parkway CITY-ST-ZIP: Kissimmee, FL 34743	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: D NAME: Aswinkumar Arya STREET ADDRESS: 1970 East Osceola Parkway CITY-ST-ZIP: Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I, as officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed this report, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Hiten Arya
 Date: _____ Daytime Phone #: _____

CR2E034 (11/00)