

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90026 006 ***158.75

UNIFORM UBR

DOCUMENT # P00000100081
 1. Entity Name
RUSHI SYSTEMS INC.

Principal Place of Business
25 N BELCHER RD. SUITE K-192
CLEARWATER FL 33765

Mailing Address
25 N BELCHER RD. SUITE K-192
CLEARWATER FL 33765



2. Principal Place of Business
25 N. BELCHER RD.
 Suite, Apt. #, etc.
SUITE K-200
 City & State
CLEARWATER, FL
 Zip
33765 Country
USA

3. Mailing Address
25 N. BELCHER RD.
 Suite, Apt. #, etc.
SUITE K-200
 City & State
CLEARWATER, FL
 Zip
33765 Country
USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHEREDDY, RAMAMOHAN
25 N BELCHER RD, SUITE K-192
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
 Name
CHEREDDY RAMAMOHAN
 Street Address (P.O. Box Number is Not Acceptable)
25 N BELCHER RD. SUITE K-200
 City
CLEARWATER FL Zip Code
33765

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 *Ram* **PRESIDENT.** DATE **01/26/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PS CHEREDDY, RAMAMOHAN 25 N BELCHER RD, SUITE K-192 CLEARWATER FL 33765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHEREDDY, RAMAMOHAN 25 N. BELCHER RD. SUITE K-200 CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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: *Ram* DATE **01/26/2002** DAYTIME PHONE # **727-421-0882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)