

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 14, 2000 8:00 am**
Secretary of State

01-14-2000 90063 050 ***150.00

DOCUMENT # P93000061727

1. Entity Name

JAYRAM, INC.

Principal Place of Business

Mailing Address

4388 36TH STREET
ORLANDO FL 328114388 SW 36TH STREET
ORLANDO FL 32811-6441
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4490 SW 34th Street

Suite, Apt. #, etc.

Orlando, FL

City & State

Orlando, FL

Zip

Country

32811

USA

3. Mailing Address

4490 SW 34th Street

Suite, Apt. #, etc.

Orlando, FL

City & State

Orlando, FL

Zip

Country

32811

USA

4. FEI Number **95-3863950**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SRINIVASAN, GRANDAI S
4388 36TH STREET
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

SRINIVASAN, GRANDAI S

Street Address (P.O. Box Number is Not Acceptable)

4490 SW 34th Street

City

Orlando

FL

Zip Code

32811

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	☐ Delete
NAME	SRINIVASAN, GRANDAI	
STREET ADDRESS	4388 36TH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VP	☐ Delete
NAME	SRINIVASAN, JAYIA	
STREET ADDRESS	4388 36TH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTS	☒ Change ☐ Addition
NAME	SRINIVASAN, GRANDAI	
STREET ADDRESS	4490 SW 34th Street	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	VP	☒ Change ☐ Addition
NAME	SRINIVASAN, JAYA	
STREET ADDRESS	4490 SW 34th Street	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Sanjay Srinivasan	
STREET ADDRESS	4490 SW 34th Street	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/7/00
Date407-849-1154
Daytime Phone #