2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025484 1. Entity Name INNAR CORPORATION						Secretary of State 04-21-2002 90872 007 ***150.00			
Principal Place of Business 1080 WOODCOCK ROAD STE 285 ORLANDO FL 32803-3514			Mailing Address P O BOX 149428 ORLANDO FL 32814-9428				(1887/1881 HIS 281/18 BYHY 881/H 881/H 881	AN BOMB (İDBA DANK BIRDI	: 16141 6161 4881
2. Principal I	Place of Busin	ness	3. Mailing Address INTERNATIONAL PROFESSIONAL Suite, Apt. SERVICES CORP.			AL	DO NOT WRITE IN THIS SPACE		
City & State			2813 S. Hiawassee Rd., # 104 City & St Orlando, FL 32835				4. FEI Number 50-3371008 Applied For		
Zip	Zip Country		Zip			5. (N \$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent CHOHAN, JAYPRAKASH 325 NE 1ST STREET LAKE BUTLER FL 32054					Name Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code				
SIGNATURE 9. This corporate filling	Signature, typed	or printed name of registered agent and ble to satisfy its Intangible and elects to do so.	fulle if applicable. (NOT	E: Registere	d Agent signatu IS \$150.0 will be \$5	are required when re	ent, or both, in the State of Florida. instating) 10. Election Campaign Financia Trust Fund Contribution.	DATE \$5.0	00 May Be
11. OFFICERS AND			Make Check Payable to Depa				DITIONS/CHANGES TO OFFICER	C AND DIDECTOR	C IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O 1080	JAYPRAKASH WOODCOCK ROAD STE FL 32803-3514	☐ Delete	TITLE NAM STRE		AU	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			·	***	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			~ Delete				عید برن ۱ یاد یا مستم یا	Change	Addition
TITLE Name Street address City-St-Zip			☐ Delete					☐ Change	☐ Addition
TITLE Name Street address City-St-Zip			☐ Delete		,			☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip			☐ Delete		T I		, <u></u>	☐ Change	Addition

SIGNATURE:

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.