

FROM : RICHARD CAMP CPA PA PHONE NO. :

Apr. 26 2001 12:27PM P2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P97000028751

1. Entity Name

ICUBE CONSULTANCY SERVICES, INC.

01 JUN 25 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9838 Baymeadows Rd.
Suite 310
Jacksonville FL-32256

Mailing Address
9838 Baymeadows Rd.
Suite 310
Jacksonville FL-32256

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1999-2001 UBR

4. FEI Number
59-3436403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Camp, Richard
4110 SouthPoint Blvd. #205
Jacksonville FL-32256

7. Name and Address of New Registered Agent

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

Signature: typed or printed name of registered agent and use 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, 2001 Fee will be \$350.00
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	<input type="checkbox"/> Delete
	P.D			
	Subramanyam B Chaganti	14032 Wadley Village Ct.	Chantilly VA-20151	
	V.D			
	Kiran K Kala	10010 Belle River Blvd. #310	Jacksonville FL-32256	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Subramanyam B Chaganti

Date

Daytime Phone #

6/19/01
4/26/01

703-322-9279



ICUBE Consultancy Services Inc.,

June 19, 2001

To
The Secretary of State
Florida Department of State
Division of Corporations,
P. O Box 6327
Tallahassee, FL - 32314

Sub: Reinstatement of Corporation ICUBE Consultancy Services Inc.
Ref: P97000028751

We have received a letter informing that our corporation was dissolved due to failure to file 1999 corporate annual report/UBR form. It appears that the change of address had caused the miscommunication and we never received the UBR form.

On behalf of ICUBE CSI, I would like to request you to reinstate our corporation with immediate effect. Since this was an unintentional mistake, I also would like to request a **one-time penalty waiver**. Please find enclosed the required **reinstatement fee of \$450.00** and an **additional \$8.75** for the certificate of Good Standing.

Please mail the Certificate of Good standing to our corporate address as follows:

ICUBE Consultancy Services Inc.
9838 Baymeadows Rd., Suite 310
Jacksonville, FL - 32256

If you have any questions, please feel free to contact us at 904-564-2540 or 703-322-9279

Thanking you

Sincerely,

Subramanyam B Chaganti
President