

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90011 041 ***558.75

DOCUMENT # P99000024984

1. Entity Name

SRINATH INC.

Principal Place of Business

Mailing Address

2106 E. BUSCH BLVD.
 TAMPA FL 33612

2106 E. BUSCH BLVD.
 TAMPA FL 33612-8670

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3582303

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, SATISH
 2106 E. BUSCH BLVD.
 TAMPA FL 33612

ph: 813-237-1186

Please mail copy here ->

Name **Harsha Butala**

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

1307-E Hillsborough Ave

City **Tampa**

FL

Zip Code **33604**

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 *Satish Patel*

(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 State

10. 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 **PD** Delete
 NAME **SATISH PATEL**
 STREET ADDRESS **2106 E Busch Blvd**
 CITY-ST-ZIP **TAMPA FL-33612**

TITLE **VD** Delete
 NAME **HARSHA P. BUTALA**
 STREET ADDRESS **2106 E BUSCH BLVD**
 CITY-ST-ZIP **TAMPA FL-33612**

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

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: *Satish Patel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/00

Date

Daytime Phone #