

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061062

1. Entity Name

ROOP INTERNATIONAL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90084 014 ***150.00

Principal Place of Business

Mailing Address

2911 WOOLRIDGE DR.
ORLANDO FL 32837

2911 WOOLRIDGE DR.
ORLANDO FL 32837-9062

650164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10112 CANDY TREE CT

3. Mailing Address

10112 CANDY TREE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3587722

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

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

MADAN, ROOP
2911 WOOLRIDGE DR.
ORLANDO FL 32837

Name

LAKSHMI C MADAN

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

10112 CANDY TREE CT

City

ORLANDO

FL

Zip Code

32836

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

Kiran Arora (KIRAN ARORA) Attorney In Fact

4/24/00

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 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 D ☒ Delete
NAME MADAN, ROOP
STREET ADDRESS 2911 WOOLRIDGE DR.
CITY-ST-ZIP ORLANDO FL 32837

TITLE LAKSHMI C MADAN ☐ Change ☒ Addition
NAME
STREET ADDRESS 10112 CANDY TREE CT.
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Kiran Arora (KIRAN ARORA) Attorney In Fact

4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 357-9993

CR2E034 (9/99)