

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

MAHINDRA INFOTECH INC.

F00000002395

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90151 007 ***150.00

Principal Place of Business

Mailing Address

C/O SZBERAGE
12717 WEST SUNRISE BLVD.. #252
SUNRISE FL 33323

C/O SZBERAGE
12717 WEST SUNRISE BLVD.. #252
SUNRISE FL 33323

00040732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8000 Centre Park Drive

3. Mailing Address

8000 Centre Park Drive

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State

Austin, Texas

City & State

Austin, Texas

4. FEI Number 65-1000195

Applied For

Not Applicable

Zip

78754

Country

USA

Zip

78754

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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, 2001 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 YARGOP, ULHAS
STREET ADDRESS MUHINDRA TOWERS, WORLI
CITY-ST-ZIP MUMBAI 400 018, INDIA

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

TITLE STD ☐ Delete
NAME GOLDSTEIN, JACK
STREET ADDRESS 233 BROADWAY
CITY-ST-ZIP NEW YORK NY 10279

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

TITLE D ☐ Delete
NAME MAHINDRA, ANAN
STREET ADDRESS MAHINDRA TOWERS, WORLI
CITY-ST-ZIP MUMBAI 400 018, INDIA

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

TITLE D ☐ Delete
NAME DOSHI, BHARAT
STREET ADDRESS MAHINDRA TOWERS, WORLI
CITY-ST-ZIP MUMBAI 400 018, INDIA

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

TITLE D ☐ Delete
NAME BHIWANDIWALA, ZHOOBEN
STREET ADDRESS FULTON HOUSE, FULTON ROAD
CITY-ST-ZIP WEMBLEY, MIDDLESEX, U.K.

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 (212) 267-0700