

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90093 010 ****61.25

DOCUMENT # F92000000940

1. Entity Name
THE PRASAD PROJECT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 100 BRICKMAN RD 465 BRICKMAN RD
 HURLEYVILLE NY 12747 HURLEYVILLE NY 12747-5314
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **14-1751000** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PAPINO, ROBERTA
3285 MACDONALD STREET
MIAMI FL 33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	MCCRACKEN, ED	
STREET ADDRESS	262 MT CLIFF RD	
CITY-ST-ZIP	HURLEYVILLE NY 12747	
TITLE	D	<input type="checkbox"/> Delete
NAME	DACQMINE, FREDERIC	
STREET ADDRESS	14 RICE MAYET	
CITY-ST-ZIP	PARIS F.75006.FR	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORSE, J. THOMAS	
STREET ADDRESS	DOOHICKY LANE	
CITY-ST-ZIP	SOUTH FALLSBURG NY 12779	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENT, RONALD J.	
STREET ADDRESS	36 SOUTH WOODARD	
CITY-ST-ZIP	ENGLEWOOD NJ 07631	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ECKLES, JACLYNE	
STREET ADDRESS	1364 BEDFORD ROAD	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	
TITLE	S	<input type="checkbox"/> Delete
NAME	WYCKOFF, KATHERINE	
STREET ADDRESS	243 CORRALITOS RD	
CITY-ST-ZIP	WATERSONVILLE CA 95076	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. Deep Nair	
STREET ADDRESS	465 Brickman Rd	
CITY-ST-ZIP	Hurleyville, N.Y. 12747	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Lane	
STREET ADDRESS	1662 Delta Dr.	
CITY-ST-ZIP	Decatur, GA 30033	
TITLE	William B. Lewis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	2134 Westfall Dr.	
CITY-ST-ZIP	Rochester, N.Y. 14618	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Suarez	
STREET ADDRESS	Cerro de la Escondida 115	
CITY-ST-ZIP	Redeopal San Francisco, Coahuila Mexico 04320	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASISTANT TREASURER (914) 434-0376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)