

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G75773**

1. Entity Name  
**TATATECH, INC.**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90098 010 \*\*\*150.00

Principal Place of Business                      Mailing Address  
**1001 W. HAINES ST**                      **1001 W. HAINES ST**  
**PLANT CITY FL 33566**                      **PLANT CITY FL 33566**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State

4. FEI Number **59-2350255**                      Applied For  
Not Applicable

Zip                      Country                      Zip                      Country                      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

**VENKITESWARAN, V**  
**2908 FOREST CLUB DR**  
**WALDEN LAKE**  
**PLANT CITY FL 33567**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCCLOSKEY, JOHN</b> <b>2601 SCHORTZ AVE</b> <b>BRONX NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Krishnakumar, R.K.</b> <b>Mahatma Gandhi Road</b> <b>Mumbai, India</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VENKITESWARAN, V</b> <b>2908 FOREST CLUB DR</b> <b>PLANT CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SETH, D.S.</b> <b>BOMBAY HOUSE, 24 HOMI</b> <b>BOMBAY, INDIA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASHCROFT, L. DERRICK</b> <b>PO BOX 1526 N/A,</b> <b>TRUTH OR CONSEQUENCES NM</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KAVARANA, F.K.</b> <b>24 HOMI MODI ST</b> <b>BOMBAY IN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:                      **4/14/00**                      **(813) 754-2602**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)