

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 018 ***150.00

DOCUMENT # K36206
1. Entity Name
KERMAS, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3511 N.W. 113 COURT
Suite, Apt. #, etc.

3. Mailing Address
3511 N.W. 113 COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI, FLORIDA** City & State **MIAMI, FLORIDA** 4. FEI Number **65-0081255** Applied For **Not Applicable**

Zip **33178** Country **USA** Zip **33178** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **RAMANI, GEORGE T.**
Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD.
SUITE 1015
City **CORAL GABLES** **FL** Zip Code **33134**

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 **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$250.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DADLANI, LAL 4801 N.W. 7TH STREET #301 MIAMI, FLORIDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KITCHLOO, ASHOK 165 DOCKSIDE CIRCLE FT LAUDERDALE, FLORIDA 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ashok Kitchloo* (ASHOK KITCHLOO) 4/12/02 305-4779394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)