

**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

3. Mailing Address

3511 N.W. 113 COURT

Suite, Apt. #, etc.

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

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

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
**ST
KITCHLOO, ASHOK
165 DOCKSIDE CIRCLE
FT LAUDERDALE, FLORIDA 33327**

TITLE
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)