2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25171

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90047 011 ***150.00

1. Entity Name

ASSURA - SHAUN CORP.

Principal Place of Business	Mailing Address
CRYSTAL LKE CHEVRON 390 W. SAMPLE RD POMPANO BEACH FL 33064 US	6795 NW 43RD PLACE CORAL SPRINGS FL 33067-3004 US

DO NOT WRITE IN THIS SPACE

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 65-0150138 ☐ Applied For ☐ Not Applicable

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
ROBERT, RAMAN 6795 N.W. 43RD PL. CORAL SPRINGS FL 33064	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 RRobert DATE 1-3-00

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

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	P ROBERT, RAMAN 6795 N.W. 43RD PL. CORAL SPRINGS FL	☐ Delete	(1) Robert Assura 6795 NW 43rd Pl Coral Sp. FL 33067.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ROBERT, AKLIMA 6795 N.W. 43RD PL. CORAL SPRINGS FL	☐ Delete	Spelling Names!	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert ROBET, SHAUN A 6795 N.W. 43RD PL. CORAL SPRINGS FL 33067	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUMAR, SANDHYA Sandhya 6795 N.W. 43RD PL. CORAL SPRINGS FL 33067	☐ Delete	Correct	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUMAR, PRIYA Priya 6795 N.W. 43RD PL. CORAL SPRINGS FL 33067	☐ Delete	Please Thanks	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUMAR, AMANDA Ananda 6795 N.W. 43RD PL. CORAL SPRINGS FL 33067	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: RRobert Raman Robert 1-5-00 9547850810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #