

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60639

1. Entity Name

KETUR, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90009 004 ***150.00

Principal Place of Business

Mailing Address

2191 W. TENNESSEE ST.
TALLAHASSEE FL 32304

2191 W. TENNESSEE ST.
TALLAHASSEE FL 32304-3118

2. Principal Place of Business

819 McGuire Ave.

3. Mailing Address

819 McGuire Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip 32303

Country USA

Zip 32303

Country USA

4. FEI Number

59-2999080

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

AMIN, RAMESH

2191 W. TENNESSEE ST.
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

819 McGuire Ave.

City

Tallahassee

FL

Zip Code

32303

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

R. Amin

2/10/00

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 **P** ☐ Delete
NAME **AMIN, RAMESH**
STREET ADDRESS **2191 W. TENNESSEE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **819 McGuire Ave.**
CITY-ST-ZIP **32303**

TITLE **S** ☐ Delete
NAME **AMIN, INDIRA R**
STREET ADDRESS **2191 W. TENNESSEE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **819 McGuire Ave.**
CITY-ST-ZIP **32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

R. Amin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

(850)
386-7353

Daytime Phone #

CR2E034 (9/99)