2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ORLANDO FL 32819

3. Mailing Address

City & State

in the property of the second of the second of

9. Election Campaign Financing

Trust Fund Contribution.

Suite, Apt. #, etc.

7636 APPLETREE CIRCLE

DOCUMENT # NO1000008981

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

min. will be \$236,25.

After September 13, 2002,

1. Entity Name

Principal Place of Business

2. Principal Place of Business

aggarwal, braham r

7636 APPLETREE CIRCLE ORLANDO FL 32819

the obligations of registered agent.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

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7636 APPLETREE CIRCLE

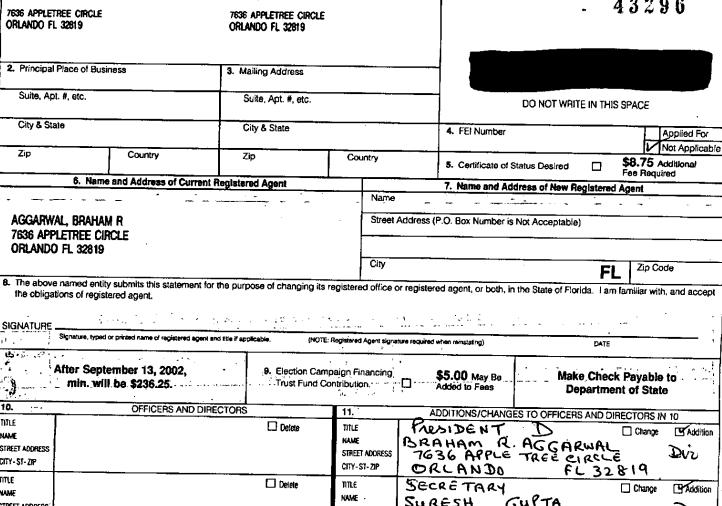
ORLANDO FL 32819

PURAN FOUNDATION, INC.

FILED Oct 01, 2002 8:00 am Secretary of State

09-18-2002 90046 002 ****61.25

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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE TRESIDENT CR2E037 (4/02 NAME BRAHAM R. AGGARWAL 7636 APPLE TREE CIRCLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO CITY-ST-71P TITLE ☐ Delete TITLE SECRE TARY NAME NAME . GUPTA SURESH STREET ADDRESS D STREET ADDRESS 7636 APPLE TREE CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TILLE TRÉASURER Áddillon NAME GAURI AGGARWAL STREET ADDRESS STREET ADDRESS 7639 APPLE TREE CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORCANDO FL 32819 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change a. 200 str. 11.22° ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP...

City

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12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE RECHREE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7. 22-02

Davime Phone a