NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91889 039 ****61.25

1. Entity Nam	MENT # NOTUC	0008981 ATION,I	NC C		05-05-2003 91889	0 039 ****61.25
	DO NOT WRITE		PACE	110	40512	
	Place of Business 36 Apple FreeCir. #, etc.	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE
City & Star	e /	City & State		4. FEI Number		X Applied For
2 0 0 0	ando, Florida	Zìp	Country	5. Certificate of St		Not Applicable \$8.75 Additional
528	19 USA			7. Name and Addre	ess of Current Registered	Fee Required Agent
ه د ده چه پره پرې			Name	BRAHAM	R. AGG.	
	DO NOT W	RITE	Street Addr	ress (P.O. Box Number is	Not Acceptable)	
. 4	IN THIS SP	ACE	76:	SO PUPPLE	1200	96
			City O-	slando	FL	Zip Code 22 8/9
	named entity submits this statement fo	r the purpose of changing its	registered office or re-	gistered agent, or both, in	the state of Florida. I am fa	miliar with, and accept
						*
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature re	equired when reinstaling)	DATE	
SIGNATURE .	Signature, typed or printed name of registered agent FEE IS \$61.25 initial or Amended UBR		npaign Financing	\$5.00 May Be Added to Fees	Make Check Florida Depart	
10.	FEE IS \$61:25 Initial or Amended UBR	9. Election Can Trust Fund C	npaign Financing contribution.	\$5.00 May Be	Make Check	
	FEE IS \$61:25 Initial or Amended UBR	9. Election Can Trust Fund C RECTORS	npaign Financing contribution.	\$5.00 May Be	Make Check	
10. TITLE NAME STREET ADDRESS	D/Krishna Agg 7636 Appletred	9. Election Can Trust Fund C RECTORS arwal Circle, Orland 32819	mpaign Financing contribution.	\$5.00 May Be	Make Check	
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12. I hereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE