2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} DOGUMENT # N97000004634 Jul 24, 2000 8:00 am 1. Entity Name **Secretary of State** SWAHA INTERNATIONAL CORPORATION 07-24-2000 90031 001 ****61.25 Mailing Address 07-24-2000 90031 002 *****8.75 Principal Place of Business 5130 GREENWAY RD 806 26TH ST KISSIMMEE FL 34746 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 59-3476256 Not Applicable Zip Country Country **\$8.75** Additional 5.-Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SITAHAL, RAJENDRA R 5130 GREENWAY RD. KISSIMMEE FL 34746 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete SITAHAL, RAJENDRA R NAME NAME STREET ADDRESS 5130 GREENWAY RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Addition ☐ Change TITLE ☐ Delete TITLE MAHARAJ, RABIDUTT NAME NAME 5130 GREENWAY_RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 Change ☐ Addition TITLE ☐ Delete TITLE PRASAD, PT. HARI NAME NAME 107 ARANJUEZ RD. STREET ADDRESS STREET ADDRESS City-ST-ZIP SAN JUAN, TRINIDAD,W. INDIES CITY-ST-ZIP **BREST** Change ☐ Addition TiTi F Delete TITLE ALGOBIN SEECHARAN, MERLE NAME NAME 7303 PENFIELD COURT STREET ADDRESS PPO STREET ADDRESS RLANDO 32818 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Delete TITI F ☐ Addition TITLE REASURER SAHADEO, KISHORE NAME AHADEO, KISHORE NAME 7161 STEFFIE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7i9 ORLANDO FL 32818 DRHANDO SECETARY ☐ Change Addition TITLE Delete TITLE **BISNAUTH, KUNTIE** NAME NAME **D とせく**に STREET ADDRESS 115 COOPER COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32835 SSTMMEE, 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

SIGNATURE:

Daytime Phone #