2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000011276 1. Entity Name TERA ASRA TRADING, INC.				FILED 03 AUG -5 PM 12: 03	
Principal Place of Business 5121 LATROBE DRIVE WINDERMERE FL 34786		Mailing Address 5121 LATROBE DRIVE WINDERMERE FL 34786			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address) TORNINGA IN BRING CONTROL BRING CONTROL CONTROL CONTROL BRING THE BRING CONTROL CONT
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State			4. FEI Number S9-3646077 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		ļ	7. Name and Address of New Registered Agent
LIBEDON OLIDIANISTO O				Name	
UBEROI, GURVINDER S				Street Address (P.O. Box Number is Not Acceptable)	
5121 LATROBE DRIVE WINDERMERE FL 34786					
WINDLIN	ICIC I C 57700			City	- Tip Code
	- 	·····			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UBEROI, GURVINDER 5121 LATROBE DRIVE WINDERMERE FL 34786	☐ Defete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	l l	☐ Change ☐ Addition
TITLE NAME Street Address City-St-Zip		☐ Delete			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		· I	08/05/0301043002 **********************************
TITLE Name Street address City-St-Zip		☐ Delete	CITY-	ET ADDRESS -ST-ZIP	☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

SIGNATURE:

8/4/03 321-228-2344 Date Daytime Phone #

ATT.

FLORIDA DEPARTMENT OF STATE

P00000011276

Air/madom,

I am enclosing along with this letter a check for US\$ 150.00 for UBB for year 2003. I did not receive the noliticalian for filing the report.

I will appreciate it you can waive the penalty for being late.

Thanks

Commoder Soythuberer