

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90020 013 ***150.00

A0049638

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000026074 1. Entity Name CHARI INNOVATIONS Inc. ✓																										
Principal Place of Business 108 FOREST AVE. ALTAMONTE SPGS. FL. 32701			Mailing Address 																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		4. FEI Number 59-3667689																						
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																						
6. Name and Address of Current Registered Agent NALLAN C.A. CHARI 108 FOREST AVE. ALTAMONTE SPGS. FL. 32701																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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.																										
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State																							
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width:33%; padding: 5px;"> TITLE PRESIDENT, SECRETARY, NALLAN C.A. CHARI <input type="checkbox"/> Delete STREET ADDRESS 108 FOREST AVE CITY-ST-ZIP ALTAMONTE SPGS FL. 32701 </td> <td style="width:33%; padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="width:34%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE VICE PRESIDENT SRINIVAS SAGAR CHARI <input type="checkbox"/> Delete STREET ADDRESS 108 FOREST AVE CITY-ST-ZIP ALTAMONTE SPGS. FL. 32701 </td> <td style="padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE PRESIDENT, SECRETARY, NALLAN C.A. CHARI <input type="checkbox"/> Delete STREET ADDRESS 108 FOREST AVE CITY-ST-ZIP ALTAMONTE SPGS FL. 32701	TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE VICE PRESIDENT SRINIVAS SAGAR CHARI <input type="checkbox"/> Delete STREET ADDRESS 108 FOREST AVE CITY-ST-ZIP ALTAMONTE SPGS. FL. 32701	TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE STREET ADDRESS CITY-ST-ZIP	TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE STREET ADDRESS CITY-ST-ZIP	TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE STREET ADDRESS CITY-ST-ZIP	TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: NALLAN C.A. CHARI 4/6/01 (407) 339-8998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										

CR2E034 (11/00)