

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2002 91526 022 ***150.00

DOCUMENT # P00000059448

1. Entity Name
IRIDIA TECHNOLOGIES, INC

045878

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 126 SEMORAN COMMERCE PLAZA		3. Mailing Address 126 SEMORAN COMMERCE PLAZA	
Suite, Apt. #, etc. Unit C		Suite, Apt. #, etc. Unit C	
City & State APOPKA, FL		City & State APOPKA, FL	
Zip 32703	Country	Zip 32703	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3666472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CAUTINAN, NISHA	
Street Address (P.O. Box Number is Not Acceptable) 10121 STANTON COURT	
City ORLANDO	FL Zip Code 32836

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 _____
(Signature, typed or printed name of registered agent and fee if applicable; (NOTE: Registered Agent signature required when consenting)) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee Is \$150.00
After May 1, Fee Is \$550.00
Amended UBR Is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASISHTA, RAJUNDR K. 10121 STANTON COURT ORLANDO FL 32836	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASISHTA, DEEP 10121 STANTON COURT ORLANDO, FL 32836	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHUTINAN, PETER 10121 STANTON COURT ORLANDO FL 32836	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* (VP)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/18/02 Daytime Phone # _____

CR2E034B (12/01)