

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90062 050 ***150.00

DOCUMENT # P00000065263

1. Entity Name

SI CONSULTANT INC

Principal Place of Business

Mailing Address

~~4013 N. RIVERVIEW AVE., #206~~
~~TAMPA FL 33607~~

~~4013 N. RIVERVIEW AVE #206~~
~~TAMPA FL 33607~~

2. Principal Place of Business

3. Mailing Address

8853 CYPRESS HAMMOCK DR

8853 CYPRESS HAMMOCK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33614

Country

HILLSBOROUGH

Zip

33614

Country

HILLSBOROUGH

4. FEI Number

59-3655258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAINI, GURMINDERPAL S

4013 N. RIVERVIEW AVE., #206
TAMPA FL 33607

Name

RAJIV KUMAR (PRESIDENT)

Street Address (P.O. Box Number is Not Acceptable)

8853 CYPRESS HAMMOCK DR.

City

TAMPA

FL

Zip Code

33614

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

Rajiv Kumar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/22/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD PRESIDENT
NAME 8853 CYPRESS HAMMOCK DR.
STREET ADDRESS TAMPA FL
CITY-ST-ZIP 33614

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Rajiv Kumar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01 (813) 885-2846

Date

Daytime Phone #

CR2E034 (10/00)