FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90244 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096121

1. Entity Name
SAI MAA, INC.

20034379

Principal Place of Business	Mailing Address
1909 ELLERY LANE 4749 W HWY. 192 KISSIMMEE, FL 34746	1909 ELLERY LANE KISSIMMEE, FL 34746

2. Principal Place of Business		3. Mailing Address	
4749 W. Hwy 192		4749 W. Hwy 192	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KISSIMMEE FL		City & State: KISSIMMEE FL	
Zip: 34746	Country: USA	Zip: 34746	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3681284 ☐ 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
BADLANI, KISHORE T 1909 ELLERY LANE KISSIMMEE, FL 34746	Name: KISHORE BADLANI Street Address (P.O. Box Number Is Not Acceptable): 4749 W US Hwy 192 City: KISSIMMEE FL Zip Code: 34746

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] DATE: 4/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BADLANI, KISHORE T		NAME		
STREET ADDRESS	1909 ELLERY LANE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 04/16/03 (407)397-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #