

FROM :

FAX NO. : 4073390659

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91198 045 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100726			
1. Entity Name Narayani Properties Inc			
Principal Place of Business 9720 Camberley Cr		Mailing Address 9720 Camberley Cr	
Orlando, FL 32836		Orlando, FL 32836	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3878773		Applied For Not Applicable	
5. Certificate of Status Desired		Fee Required \$8.75 Additional	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUCHDE, PREETI M 9720 CAMBERLEY CR. ORLANDO FL 32836		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 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director SUCHDE, PREETI M 9720 CAMBERLEY CR. ORLANDO FL 32836	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS 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 19.07(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 807, 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: <u>MUKUL N. SUCHDE V.P.</u> 4/30/02			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

CR2034 (9/99)