

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90420 046 ***550.00

DOCUMENT # P00000108519

1. Entity Name

MSK, CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 N. COCOA BLVD.

3. Mailing Address

1090 LORING DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. H

City & State

COCOA FLORIDA

City & State

MERRITT ISLAND

Zip

FL 32922

Country

USA

Zip

FL 32953

Country

USA

4. FEI Number

693704806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SINNADURAI, KANAPATHIPILAI

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

1090 LORING DRIVE

APT. H

City

MERRITT ISLAND FL

Zip Code

32953

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 title if applicable.

SINNADURAI, KANAPATHIPILAI 05.04.2002

(NOTE: Registered Agent signature required when reinstating)

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 DP
NAME SINNADURAI, KANAPATHIPILAI
STREET ADDRESS 1090 LORING DR, # H, -LAI
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS
NAME SINNADURAI, MANO R.
STREET ADDRESS 1090 LORING DR., APT. H,
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE
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CR2E034B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. SINNADURAI

05.04.02

Date

321 433 0744

Daytime Phone #