

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 020 ***150.00

DOCUMENT # **P01000006353**

1. Entity Name

NAGALAKSHMI NYAYAPATHI B.D.S.D.M.D. P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4024 SAPPHIRE COVE

3. Mailing Address

4024 SAPPHIRE COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

4. FEI Number

65-1070077

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NAGALAKSHMI NYAYAPATHI

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

4024 SAPPHIRE COVE

City

WESTON

FL

Zip Code

33331

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

(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 **D/P/S**
NAME **NAGALAKSHMI NYAYAPATHI**
STREET ADDRESS **4024 SAPPHIRE COVE**
CITY-ST-ZIP **WESTON, FL, 33331**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Nagalakshmi N**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

954 217 8699

Daytime Phone #

CR2E034B (12/01)