

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

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90159 030 ***150.00

DOCUMENT #: *PO1000091477*

1. Entity Name

VARUN U.S.A INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1309 LAKEVIEW RD

3. Mailing Address

1309 LAKEVIEW RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3746535

Applied For

Not Applicable

Zip

33756

Country

Zip

33756

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAJ KUMAR TARLADALLY

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

1309 LAKEVIEW RD

City

CLEARWATER

FL

Zip Code

33756

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*P/S/T
RAJ KUMAR TARLADALLY
1309 LAKEVIEW RD
CLEARWATER - FL 33756*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

TARLADALLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/02

Daytime Phone #

CR2E034B (12/01)

Attachment # 678071
PO1000091477

VARON USA INC.
FLO

63-486/631

DATE 4/28/02

PAY TO THE ORDER OF **FLORIDA DEPARTMENT OF STATE** \$ 150.00

ONE HUNDRED FIFTY DOLLARS

AMSOUTH BANK
THE-RELATIONSHIP-PEOPLE

FOR TR 99 19 02

⑆063104668⑆ 79668113250⑆

727-8687112

Attachment # 678071
P01000091477



POST OFFICE TO ADDRESSEE



SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS

Customer Copy
Label 11-B August 2000

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 43240	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date in Mo. 4 Day 30-03 Year 2003	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 12.45	
Time in AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. 2.20 ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials C	Total Postage & Fees \$ 12.45	
CUSTOMER USE ONLY			
METHOD OF PAYMENT Express Mail Corporate Acct. No.			
FROM: PLEASE PRINT Raj Kumar Tallapally 1309 Lakeview Rd Clearwater, FL 33756		TO: PLEASE PRINT Division of Corp. P.O. Box 6327 Tallahassee, FL	
ZIP+4 3 2 3 1 4		Federal Agency Acct. No. or Postal Service Acct. No.	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Signature			

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



Attachment

VARUN USA INC
1309 LAKEVIEW RD
CLEARWATER, FL 33756

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32601

DOC # P01000091477
UBR 2002

678071

We have not received your preprinted form UBR 2002 so far. Probably it was lost in postal transit or misplaced or you might have mailed to the incorporator address..

We enclose the form UBR 2002 . We request you not to levy any penalty as this is not our intentional mistake. We mailed a check by express mail in the month of April,02 but it was not cashed. We enclose the copy of check and copy of express mail document for your reference.

We request you not to accept this UBR report.

Please excuse us this time.

Thanking you, for your cooperation.

Rajkumar Tarlapally
September 11, 2002