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

DOCUMENT # P02000000870

1. Entity Name

SREE SANTRAM INC.



Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90159 043 ***150.00

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	DO NOT W	RITE IN THIS	SPACE	10013100		
2. Principal Place of Business 43250 US HWY 27		3. Mailing Address 43250 US	S HWY 27			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	DO NOT WRITE IN THIS SPACE		
SXVEN	PORT, FL	DA VEN POI	RT, FL	4. FEI Number 80-0006695	Applied For Not Applicable	
3 ⁱⁿ 3837	Country	33837	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
			Maria da Paris da La	7. Name and Address of Current Regis	stered Agent	
	The state of the s		-Name PAT	PEL, KIRITBHAI		
		OT WRITE	Street Address 432	(P.O. Box Number is Not Acceptable)		
	11.4 1 111	S SPACE				
			City DAN	/ENPORT	FL Zi33837	
	e named entity submits this tions of registered agent.	statement for the purpose of chang	ing its registered office or registe	red agent, or both, in the State of Florida.	am familiar with, and accept	
; the collgai	tions of registered agent.			,		
SIGNATURE	Signature, typed or printed name of	registered agent and title if applicable.	(NOTE: Registered Agent signature require	d when reinstating)	DATE	
Jai	nuary 1 - May 1 Fee is	a compression and management and an arrangement and a second a second and a second				
	After May 1, Fee is \$55 Amended UBR is \$61 Payable to Florida Dep	0.00 .25		 Election Campaign Financin Trust Fund Contribution. 	9 \$5.00 May Be Added to Fees	
10.		ICERS AND DIRECTORS	Called Months and Miles and Miles and A Miles Wales	The state of the s	ragger of the common temperature of the common of the comm	
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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 on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR