FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90085 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002640

1. Entity Name
SRI BALAKRISHNA INC.

Principal Place of Business
4100 SW 20TH AVE. 113
GAINESVILLE, FL 32607

Mailing Address
4100 SW 20TH AVE.
GAINESVILLE, FL 32607

2. Principal Place of Business
1136 NE 8 Ave
Suite, Apt. #, etc.
City & State: Gainesville FL
Zip: 32601 Country: USA

3. Mailing Address
1136 NE 8 Ave
Suite, Apt. #, etc.
City & State: Gainesville FL
Zip: 32601 Country: USA

☐ CHECK HERE IF MAILING CHANGES

4. FEI Number: 26-0003771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMIN, JITENDRA
4100 SW 20TH AVE.
GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable): 720 SW 34 St G71
City: Gainesville FL Zip Code: 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	AMIN, JITENDRA	NAME	
STREET ADDRESS	4100 SW 20TH AVE.	STREET ADDRESS	720 SW 34 St G71
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	Gainesville FL 32607
TITLE	VS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	AMIN, ALPA B	NAME	
STREET ADDRESS	4100 SW 20TH AVE.	STREET ADDRESS	4100 SW 20 Ave DS
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	Gainesville FL 32607
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAmin JITENDRA V. AMIN. 03/06/03 352-398-5559.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #

CR2E034 (10/02)