

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91015 002 \*\*\*158.75

DOCUMENT # **P02000010027**



1. Entity Name  
**MATHAI INC**

**10046647**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>MATHAI INC</b> Suite, Apt. #, etc. <b>742 NEW JERSEY ST</b> City & State <b>WEST PALM BEACH FL</b> Zip <b>33401</b> Country <b>U.S.A</b>		3. Mailing Address <b>MATHAI INC</b> Suite, Apt. #, etc. <b>281-BRIELLE AVE</b> City & State <b>STATEN ISLAND, N.Y</b> Zip <b>10314</b> Country <b>U.S.A</b>	
---	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>37-1419388</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>NONE</b>
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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 \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VARUGHESE MATHAI</b> <b>281-BRIELLE AVE</b> <b>STATEN ISLAND, NEW YORK-10314</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHIBU VARUGHESE</b> <b>742-NEW JERSEY ST</b> <b>WEST PALM BEACH FL-33401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BABLI MATHAI</b> <b>281-BRIELLE AVE</b> <b>STATEN ISLAND, N.Y-10314</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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.

SIGNATURE: **Varugheese Mathai**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(718) 761-4501**  
Date Daytime Phone #