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

P02000010027 **DOCUMENT#**

1. Entity Name

MATHAI INC



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

03-24-2003 91015 002 ***158.75

10046647

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						2 Principal Place of D
2. Principal Place of Business MATHAL /NC		3. Mailing Address MATHAI / NC Suite, Apt. #, etc.				
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			ELLE AVE	DO NOT WRITE IN THIS SPACE		
City & State	•	City & State		4. FEI Number	Applied For	
WEST PALL	n BEACH FO	STATEN I	CSCAND, N.	y 37-1419388	Not Applicable	
Zip 3340/	Country 2. S.A	Zip/03/4	Country 24. S.A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
anderday regulated to the second of the seco	A Same As			7. Name and Address of Current Register	ed Agent	
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		or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
the obligations of regis	stered agent.	•				
	ور النظام وسنسوس الع	Same of Same				
SIGNATURE Signature hung	d or printed name of registered agent	and title if applicable (AIOT	E: Registered Agent signature requ	ired when reinstating) DATE		
Annual Control of the	lay 1 Fee is \$150.00	and the mappings (NO)	c. negatores Agent algulatore requ			
	1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be	
Amende	d UBR is \$61.25			Trust Fund Contribution.	Added to Fees	
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0.	OFFICERS AND	DIRECTORS				
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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 analysis of the corporation of the corporation of 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 analysis of the corporation of 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 analysis of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an analysis of the corporation of the c

SIGNATURE:

VARUGHEUE MATHAI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8) 76/-450/

Date

Daytime Phone #