

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0112568 AV

DOCUMENT # P02000068927

1. Entity Name
LAKSMI, INC.



04-16-2003 90151 019 ***150.00

Principal Place of Business
**7802 KINGSPONTE PARKWAY
SUITE #205
ORLANDO FL 32819**

Mailing Address
**7802 KINGSPONTE PARKWAY
SUITE #205
ORLANDO FL 32819**

60018902



2. Principal Place of Business

3. Mailing Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 205-B

City & State

City & State

ORLANDO, FL

4. FEI Number

33-1010230

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEROTTI, CAROLINA
7802 KINGSPONTE PARKWAY
SUITE #205
ORLANDO FL 32819**

Name

SAS SERVICES, INC

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

7802 KINGSPONTE PARKWAY

SUITE # 205-B

City

ORLANDO

FL

Zip Code

32819

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

(NOTE: Registered Agent signature required when reinstating)

04/05/03

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 ☐ Delete
NAME **P**
CORVALAN, GERMAN
STREET ADDRESS **792 CREEKWATER TERRACE - #114**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
OSTERAUER, RODRIGO B
STREET ADDRESS **792 CREEKWATER TERRACE - #114**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)