

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90065 046 ***158.75

DOCUMENT # P02000071344

1. Entity Name
SARVABH, INC.



Principal Place of Business
4508 NW 114TH AVENUE
#2102
MIAMI FL 33178

Mailing Address
4508 NW 114TH AVENUE
#2102
MIAMI FL 33178

60001594



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0464824

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBBURU, PRASATH B
1000 WEST AVENUE
908
MIAMI BEACH FL 33139

Name

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

4508 N.W. 114th AVENUE

#2102

City

Miami

FL

Zip Code
33178

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/04/03

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 **P** ☐ Delete
NAME **EBBURU, PRASATH B**
STREET ADDRESS **1000 WEST AVENUE #908**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4508 N.W. 114th Avenue # 2102**
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/03

Date

305-799-7992

Daytime Phone #

CR2E034 (10/02)