

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90176 024 ***150.00

DOCUMENT # P02000091244

1. Entity Name

CINFYA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3861 NW 79 AVE

3. Mailing Address

3861 NW 79 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Springs FL

City & State

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

Zip

33065

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0528135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ravi Sooknanan

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

3861 NW 79 AVE

City

CORAL SPRINGS

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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
President
RAVI SOOKNANAN
3861 NW 79 AVE
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NIRMAL RAMMOGAN
3861 NW 79 AVE
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
CHRIS MARTORANO
11861 NW 2nd Ct
Coral Springs FL 33084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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:

Ravi Sooknanan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/05/03 954-249-7221

Date

Daytime Phone #

CR2E034B (12/02)