

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91348 035 ***150.00

DOCUMENT # P02000112159

1. Entity Name
KULANGARAS, INC.



Principal Place of Business
9326 KNIGHT AVENUE
DESPAINES IL 60016

Mailing Address
9326 KNIGHT AVENUE
DESPAINES IL 60016

2. Principal Place of Business

3. Mailing Address

1830 S PINE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA FL

FL

Zip

Country

Zip

Country

34476

4. FEI Number

Applied For

51-0431635

Not Applicable

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

THANKACHEN, SAM
446 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Name

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

City

FL

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 *Peter Mathew*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03
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 **P** ☐ Delete
NAME **MATHEW, PETER**
STREET ADDRESS **9326 KNIGHT AVENUE**
CITY-ST-ZIP **DESPAINES IL 60016**

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

TITLE **D** ☐ Delete
NAME **MATHEW, KULANGARA M**
STREET ADDRESS **1812 N. BRIDGE PLACE**
CITY-ST-ZIP **DOWNS GROVE IL 60516**

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

TITLE **D** ☐ Delete
NAME **MATHEW, JAIBU**
STREET ADDRESS **8725 LYONS**
CITY-ST-ZIP **DESPAINES IL 60016**

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

TITLE **D** ☐ Delete
NAME **MATHEW, POLSON**
STREET ADDRESS **5744 W. REBA**
CITY-ST-ZIP **MORTON GROVE IL 60053**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Peter Mathew* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03

CR2E034 (10/02)