

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

DOCUMENT # P02000129193

1. Entity Name

SAI RAM STORE INC.

04-28-2004 90302 002 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
790 E BAY DR

3. Mailing Address
7175 NICOLE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO, FL

City & State
LARGO, FL

4. FEI Number 11-3666383

Applied For
Not Applicable

Zip
33770

Country

Zip
33771

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
DONTHU, NARAYANA

Street Address (P.O. Box Number is Not Acceptable)
7175 NICOLE LN

City LARGO, FL Zip Code 33771

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS
NAME DONTHU, NARAYANA
STREET ADDRESS 7175 NICOLE LN
CITY-ST-ZIP LARGO, FL 33771

TITLE V
NAME VEERAMACHANENI, SIVA
STREET ADDRESS 6850 NICOLE LN
CITY-ST-ZIP LARGO, FL 33771

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IN THIS SPACE**

13. 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 11, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04

Date

(721) 584-0120

Daytime Phone #

CR2E034B (12/01)