

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90010 039 ***150.00

DOCUMENT # P93000017352

1. Entity Name **SATYA INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**S. RIDGEWOOD AVE
 200
 BEACH FL 32114**

**220 S. RIDGEWOOD AVE
 STE 200
 DAYTONA BEACH FL 32114-4300
 US**

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 **59-3174119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT L.
 220 S. RIDGEWOOD AVENUE
 SUITE 200
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P. SASTRI, JHOOLA	<input type="checkbox"/> Delete
NAME	SASTRI, JHOOLA	
STREET ADDRESS	2445 PALMETTO CIR.	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE	S	<input type="checkbox"/> Delete
NAME	SASTRI, M S	
STREET ADDRESS	2445 PALMETTO CIR.	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, and 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 the seal of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SASTRI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)