

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076669

1. Entity Name

MAYPORT TRACE APARTMENTS, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90483 027 \*\*\*150.00

Principal Place of Business

2160 MAYPORT RD.  
ATLANTIC BCH. FL 32233

Mailing Address

4420 FM 1960 WEST  
STE 224  
HOUSTON TX 77068-3411

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

65-0456358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

YALAMANCHILI, CHOWDARY  
6410 GULF TWO LAKE HWY  
CRYSTAL RIVER FL 32629

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

TITLE D ☐ Delete  
NAME BIKKASANI, PURNACHANDER R  
STREET ADDRESS 6410 GULF TWO LAKE HWY  
CITY-ST-ZIP CRYSTAL RIVER FL 32629

TITLE D ☐ Delete  
NAME KAKARALA, SIVA L  
STREET ADDRESS 8 MERLE CT  
CITY-ST-ZIP MARLBORO NJ 07746

TITLE D ☐ Delete  
NAME GOGINCNI, SAMRAJYA L.  
STREET ADDRESS 2510 FAIRFAX DR  
CITY-ST-ZIP ALBANY GA 31707

TITLE D ☐ Delete  
NAME RAMAKRISHNA, KANURI  
STREET ADDRESS 6109 WATERS WAY  
CITY-ST-ZIP SPRING HILL FL 34607

TITLE D ☐ Delete  
NAME BELANGER, ANGELA  
STREET ADDRESS 12204 CYPRESS CT  
CITY-ST-ZIP HOUSTON TX 77065

TITLE D ☐ Delete  
NAME YALAMANCHILI, CHOWDARY  
STREET ADDRESS 12204 CYPRESS CT  
CITY-ST-ZIP HOUSTON TX 77065

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (281) 444-1580

CR2E034 (\$199)