

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076669

1. Entity Name
MAYPORT TRACE APARTMENTS, INC.

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90004 039 ***550.00

Principal Place of Business
2160 MAYPORT RD.
ATLANTIC BCH. FL 32233

Mailing Address
4420 FM 1960 WEST
STE 224
HOUSTON TX 77068



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
CYSTAL 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	BIKKASANI, PURNACHANDER R	
STREET ADDRESS	6410 GULF TWO LAKE HWY	
CITY-ST-ZIP	CYSTAL RIVER FL 32629	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAKARALA, SIVA L	
STREET ADDRESS	8 MERLE CT	
CITY-ST-ZIP	MARLBORO NJ 07746	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOGINCNI, SAMRAJYA L	
STREET ADDRESS	2510 FAIRFAX DR	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMAKRISHNA, KANURI	
STREET ADDRESS	6109 WATERS WAY	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELANGER, ANGELA	
STREET ADDRESS	12204 CYPRESS CT	
CITY-ST-ZIP	HOUSTON TX 77065	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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. 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01 (281) 444-1588
Date Daytime Phone #

071248 AT

CR2E034 (5/01)