

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90196 035 ***550.00

DOCUMENT # P93000076669

1. Entity Name
MAYPORT TRACE APARTMENTS, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

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 **Vice President** ☐ Change ☒ Addition
NAME **Polita Chan**
STREET ADDRESS **4420 FM 1960 West, Suite 224**
CITY-ST-ZIP **Houston TX 77068**

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

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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

9/29/02 (281)444-1581
 Date Daytime Phone #

CR2E034 (4/02)