

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90215 039 ***150.00

DOCUMENT # P94000024779

1. Corporation Name

SARMAT INVESTMENT CORPORATION

Principal Place of Business

1308 N. KROME AVE.
HOMESTEAD FL 33030
US

Mailing Address

19723 SW 119TH COURT
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

4. FEI Number

65-0475911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3380 SE Lake Weir Ave.

2a. Mailing Address

26 3380 SE Lake Weir Ave

Suite, Apt. #, etc.

22 Unit A

Suite, Apt. #, etc.

27 Unit A

City & State

23 Ocala Florida

City & State

28 Ocala Florida

Zip

24 34471

Country

25 USA

Zip

29 34471

Country

30 USA

9. Name and Address of Current Registered Agent

MATURA, HIMENDRA C
19723 SW 119TH COURT
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

MATURA, HIMENDRA C

82 Street Address (P.O. Box Number is Not Acceptable)

3380 SE Lake Weir Ave

83

Unit A

84 City

Ocala

FL

85 Zip Code

34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MATURA, HIMENDRA C
STREET ADDRESS 19723 SW 119TH COURT
CITY-ST-ZIP MIAMI FL 33177

TITLE VD ☐ DELETE

NAME MATURA, SAVITRI
STREET ADDRESS 19723 SW 119TH COURT
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Matura, Himendra C
1.3 STREET ADDRESS 3380 SE Lake Weir Ave Unit A
1.4 CITY-ST-ZIP Ocala Florida 34471

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Matura, Savitri
2.3 STREET ADDRESS 3380 SE Lake Weir Ave Unit A
2.4 CITY-ST-ZIP Ocala Florida 34471

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matura, Himendra C & Matura 4/10/99 352-867-0795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)