

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000024779**

1. Entity Name

SARMAT INVESTMENT CORPORATION**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90141 032 ***150.00

Principal Place of Business

**3380 SE LAKE WEIR AVE
UNIT A
OCALA FL 34471
US**

Mailing Address

**3380 SE LAKE WEIR AVE
UNIT A
OCALA FL 34471
US****CUU42013**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala Florida4. FEI Number **65-0475911**

Applied For

Not Applicable

Zip

Country

Zip

Country

34475**US**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATURA, HIMENDRA C
3380 SE LAKE WEIR AVE
UNIT A
OCALA FL 34471**

Name

Matura, Himendra C

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

1980 NW 111 Loop

City

Ocala**FL**

Zip Code

34475

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, 2001 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 **PD** ☐ Delete
NAME **MATURA, HIMENDRA C**
STREET ADDRESS **3380 SE LAKE WEIR AVE UNIT A**
CITY-ST-ZIP **OCALA FL 34471**TITLE **PD** ☒ Change ☐ Addition
NAME **Matura, Himendra C**
STREET ADDRESS **1980 NW 111 Loop**
CITY-ST-ZIP **Ocala Florida 34475**TITLE **VD** ☐ Delete
NAME **MATURA, SAVITRI**
STREET ADDRESS **3380 SE LAKE WEIR AVE UNIT A**
CITY-ST-ZIP **OCALA FL 34471**TITLE **VD** ☒ Change ☐ Addition
NAME **Matura, Savitri**
STREET ADDRESS **1980 NW 111 Loop**
CITY-ST-ZIP **Ocala Florida 34475**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: Himendra C.G. Matura **04.02.01** **(352)867-0795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)