

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:15

DOCUMENT # P94000056657 (7)

1. Corporation Name
AYUR, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
11401 N MT VERNON DR
PLANTATION FL 33325

Mailing Address
11401 N MT VERNON DR
PLANTATION FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/01/1994

4. FFI Number 65-0517104 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 has liability for intangible tax under S. 194.010 Florida Statutes ☐ Yes ☒ No

2. Principal Office Address

2a. Mailing Address

21. Super Agent

26. Super Agent

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALEY, GREGG M
4800 N FEDERAL HWY
SUITE 105E
BOCA RATON FL 33431

81. Name

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

83.

84. City

FL

85. Zip Code

11. I, the undersigned, a duly qualified agent of registered agent, hereby certify that 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 of agent of registered agent (not for application)

Signature of registered agent (not for application)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
D
KALIDINDI, SANDHYA
11401 N MT VERNON DR
PLANTATION FL 33325
NAME
D
KALIDINDI, SHANTI
11401 N MT VERNON DR
PLANTATION FL 33325
NAME
D
PRASAD, UMAMAHESWAR S
121 PUFFIN CT
ROYAL PALM BEACH FL 33411
NAME
D
SEKHARAM, MADHAVI K
713-101 SW 16TH AVE
GAINESVILLE FL 32601

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14. I, the undersigned, certify that the information required with this filing was voluntarily furnished and is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct, and that my report and that of the corporation are in compliance with the provisions of the Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

Sandhya Kalidindi
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Sandhya Kalidindi

4/27/95 305-746-5282