## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074127  1. Entity Name						FI	LED		
SHRUTI, INC.				•		FI ECKETAR TVISION OF	Y OF STATE CORPORATIO	: DMS	
							AM 9:19		
Principal Place of Business Mailing Address						0000000	Hir 3-13		
1202 NORTH C COCOA FL 329		1202 NORTH COCOA BLVD. COCOA FL 32922							
536 H	ace of Business - Courdney Prky.			nay Prky					
Suite, Apt. #, etc. Suite, Apt. #, etc.					-	DO NOT WRITE	IN THIS SPACE		
City & State		City & State Merritl- Island			4. FEI Num	ber NOT APPLIC		Applied For Not Applicable	
3295°	3 Country USA	Zip 32 953	Coun	USA.	5. Certifica	te of Status Desired	□ \$8.75 Fee Requ	Additional uired	
	6. Name and Address of Current I	Registered Agent		Manage	7. Name ar	d Address of New Reg	istered Agent		
CLIA	II OUADAD D			Name					
SHAH, SHARAD B 1202 N. COCOA BLVD. COCOA FL 32922				Street Address (P.O. Box Number is Not Acceptable)					
000	OTT I GEORGE			City			FL Zip C	Code	
				1	<del></del>			<del>-</del>	
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 FILE NOW!!! FEE IS \$550.00									
Tax filing requirement and elects to do so. (See criteria on back)  After SEPTEMBER 13, 2000 Mi Make Check Payable to Depa					0.00   T	Election Campaign Finar rust Fund Contribution.	□ Ād	5.00 May Be ided to Fees	
11.	OFFICERS AND I		12.	<del></del>	ADDITION	S/CHANGES TO OFFIC			
TITLE NAME	D CHAN CHARDAD B	☐ Delete	TITLE	I			☐ Chaṇ		
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NAME			NAM						
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NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
13 I hereby c	ertify that the information supplied with	this filing does not qualify for	the exe	motion stated in Se	ection 119.07(	3)(i), Florida Statutes. I f	urther certify that t	he 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.									

From: Shruti Inc 536 H. Courtnay Prky. Merritl- Island F1. 32953

D4. 7.14.00

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To,

Florida Department of State Division of Cosperation.

As per-lue discution with Ms. Stary on di- 7.14.00 on phone I herewith make the payment of or renewal of cosporation \$ 150.00 vide cheque # 2113

Actually I had make the paymont on April 24,2000 wide eneque #-1592 but - some how the chapme is not reached to you. I received 210 notice yesterday. I have alrowing closed the location on may 26, 2000

My new location of the corporation is as Mentioned above. so I'm one stirth requisited to make the correction of address at your side.

Porot of the payment I had made is attached here with. In case you fild the cheque of 1592 in theire please concert that the becase I have elected that account.

Thank you.

Jans.

SMARAO SHAH SHRUTI INC P94000074127