

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90169 001 \*\*\*150.00

DOCUMENT # P95000010052

1. Entity Name

AVANI SYSTEMS INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10251 ARBOR SIDE DR

3. Mailing Address

10251 ARBOR SIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number 59-3344765

Applied For

Not Applicable

Zip  
33647

Country  
USA

Zip  
33647

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Subrahmanyam Kondaveeti

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

10251 Arbor Side Dr

City TAMPA

FL

Zip Code  
33647

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

*Subrahmanyam Kondaveeti*

2/18/03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD; Subrahmanyam Kondaveeti 10251 arbor Side Dr TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD;Suvama Rani Kondaveeti 10251 ARBOR SIDE DR TAMPA, FL 33647
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Subrahmanyam Kondaveeti*

2/18/03  
PRESIDENT

813-907-242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)