

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90050 038 ***150.00

C0068813

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000014100
1. Entity Name
 KRISH, INC.

Principal Place of Business 398 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 398 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714 US
--	--

2. Principal Place of Business 6802 SPRING RAIN DRIVE Suite, Apt. #, etc.	3. Mailing Address 6802 SPRING RAIN DRIVE Suite, Apt. #, etc.
--	--

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 59-3301914	Applied For <input type="checkbox"/> Not Applicable
Zip 32819	Country USA	Zip 32819	Country USA

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

6. Name and Address of Current Registered Agent
 BASHYAM, BAKTHA V
 8430 WAIALAE CT
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name: SRIDHAR GOVINDARAJ
 Street Address (P.O. Box Number is Not Acceptable): 6802 SPRING RAIN DRIVE
 City: ORLANDO FL Zip Code: 32819

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: *Sridhar Govindaraj* **PRESIDENT** SRIDHAR GOVINDARAJ **4/15/00**
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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVINDARAJ, SRIDHAR 6802 SPRING RAIN DR ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASHYAM, BAKTHA V 8430 WAIALAE CT ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sridhar Govindaraj* SRIDHAR GOVINDARAJ **4/15/00** (407) 649-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)