

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032218

1. Entity Name

SLG ENTERPRISES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90035 027 ***150.00

Principal Place of Business

1851 PALM BAY RD.
#2
PALM BAY FL 32905

Mailing Address

1851 PALM BAY RD.
#2
PALM BAY FL 32905-2921

2. Principal Place of Business

668 DILIDO ST NE

3. Mailing Address

668 DILIDO ST NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BAY FL

City & State

PALM BAY FL

4. FEI Number

59-3310385

Applied For

Not Applicable

Zip

32907

Country

Zip

32907

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANAKAMEDALA, MADAN M
668 DILIDO STREET NE
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 ☐ Delete
NAME D
STREET ADDRESS KANAKAMEDALA, KALPANA
CITY-ST-ZIP 668 DI LIDO STREET NORTHEAST
PALM BAY FL 32907

TITLE ☐ Delete
NAME D
STREET ADDRESS KANAKAMEDALA, MADAN M
CITY-ST-ZIP 668 DI LIDO STREET NORTHEAST
PALM BAY FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: Kalpana K KALPANA KANAKAMEDALA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/00

Daytime Phone #

321-768-0838

CR2E034 (9/99)