

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041263

1. Entity Name

NADIA-STEVEN CORPORATION

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90094 014 ***150.00

Principal Place of Business 13902-2 EGRET TOWER RD ORLANDO FL 32837 US	Mailing Address 13902-2 EGRET TOWER RD ORLANDO FL 32837 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3358976	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERSAU, RAMANAND
 13840 OSPREY LINKS RD
 APT 209
 ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: PERSAUD, RAMANAND
 Street Address (P.O. Box Number is Not Acceptable): 5014 HOOK HOLLOW CIRCLE
 City: ORLANDO FL Zip Code: 32837

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]* DATE: 1-22-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	-----------------------------

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERSAUD, RAMANAND	
STREET ADDRESS	13840 OSPREY LINKS RD SUITE 209	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CHARRAN, CLEVELAND R	
STREET ADDRESS	13840 OSPREY LINKS RD #209	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHARRAN, NANDA P.	
STREET ADDRESS	13840 OSPREY LINKS RD #209	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PERSAUD, INDRANIE	
STREET ADDRESS	13840 OSPREY LINKS RD #209	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5014 HOOK HOLLOW CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5006 HOOK HOLLOW CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5006 HOOK HOLLOW CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5014 HOOK HOLLOW CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 1-22-00 407 855-5445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)