

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90250 001 ***150.00

DOCUMENT # P96000039358

1. Entity Name
SHIVA SYSTEMS INTERNATIONAL, INC.



Principal Place of Business
**635 ANDERSON CIR
SUITE 109
DEERFIELD BEACH FL 33441
US**

Mailing Address
**635 ANDERSON CIR
SUITE 109
DEERFIELD BEACH FL 33441
US**



2. Principal Place of Business
**705 MERMAID DR
SUITE, Apt. #, etc.
308**

3. Mailing Address
**705 MERMAID DR
SUITE, Apt. #, etc.
308**

☐ CHECK HERE IF MAKING CHANGES

City & State
**DEERFIELD BCH
Zip 33441 Country USA**

City & State
**DEERFIELD BCH FL
Zip 33441 Country USA**

4. FEI Number **65-0665583**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SUBRAMANIAM, RAM
635 ANDERSON CIRCLE
SUITE 109
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name **RAM SUBRAMANIAM**
Street Address (P.O. Box Number is Not Acceptable)
**705 MERMAID DR
308**
City **DEERFIELD BEACH FL** Zip Code **33441**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P SUBRAMANIAM, RAM 635 ANDERSON CIRCLE SUITE 109 DEERFIELD BEACH FL 33441	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAM SUBRAMANIAM 705 MERMAID DR SUITE 308 DEERFIELD BCH FL 33441	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SUBRAMANIAM

Date **1/21/03** Daytime Phone # **9547258313**

CR2E034 (10/02)