2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 196000058918 1. Entity Name TERA ASRA, INC. 01 NOV 27 PM 4:53 Principal Place of Business Mailing Address 7867 ST. ANDREWS CIRCLE 7867 ST. ANDREWS CIRCLE ORLANDO FL 32835 ORIANDO EL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 59-3409842 Not Applicable \_ .Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JASMING YBEROI HARRISON, CHARLES R Street Address (P.Q. Box Number is Not Acceptable) 1400 W. FAIRBANKS AVE. SUITE 203 7867 ST. ANDROWS CIR WINTER PARK FL 32789 Zip Code 835 City ORUANDO 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. Weigh JASMINE YBEROI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ☐ Change Addition 300004716933---12/1<u>0/01-</u>-01088--<u>01</u>7 UBEROI, GURVINDER NAME NAME STREET ADDRESS STREET ADDRESS 7867 ST. ANDREWS CIRCLE CR2E034 \*\*\*\*\*758.75 \*\*\*\*\*758.75 CITY-ST-7IP ORLANDO FL 32835 CITY~ST-7IP ☐ Delete TITLE Change Addition TITLE UBEROI, JASMINE NAME NAME 7867 ST. ANDREWS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Delete

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TITLE

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.

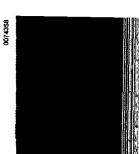
TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP





Change

447-496-5510

Daytime Phone #

Addition