

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 996000058918

1. Entity Name  
TERA ASRA, INC.

Principal Place of Business  
7867 ST. ANDREWS CIRCLE  
ORLANDO FL 32835

Mailing Address  
7867 ST. ANDREWS CIRCLE  
ORLANDO FL 32835

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
HARRISON, CHARLES R  
1400 W. FAIRBANKS AVE.  
SUITE 203  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent  
Name JASMINE UBEROI  
Street Address (P.O. Box Number is Not Acceptable)  
7867 ST. ANDREWS CIR  
City ORLANDO FL Zip Code 32835

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 Jasmín UBEROI JASMINE UBEROI 11/26/01  
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 effects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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 UBEROI, GURVINDER 7867 ST. ANDREWS CIRCLE ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UBEROI, JASMINE 7867 ST. ANDREWS CIRCLE ORLANDO FL 32835 <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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004716933-6 -12/10/01--01088--017 ****758.75 ****758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jasmín UBEROI Jasmín UBEROI 10/11/01 407-496-5520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 27 PM 4:53



REINSTATEMENT

4. FEI Number 59-3409842 Applied For Not Applicable

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

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CR2E034 (10/00)