

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90016 048 ***150.00

DOCUMENT # P96000065430

1. Entity Name
 VARGHESE & CHERIAN INC ✓

Principal Place of Business 6605 BAYSHORE BLVD
 TAMPA FL-33611

Mailing Address 6605 BAYSHORE BLVD
 TAMPA FL-33611

2. Principal Place of Business
 6605 BAYSHORE BLVD
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State TAMPA FL
Zip 33611 **Country**

4. FEI Number 59-3405295
Applied For ☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 PANAMBATHU V. CHERIAN
 6605 BAYSHORE BLVD
 TAMPA FL-33611

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 *Panambathu V. Cherman*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MATHEW VARGHESE <input type="checkbox"/> Delete STREET ADDRESS 6605 BAYSHORE BLVD CITY-ST-ZIP TAMPA FL-33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME RAYMOL VARGHESE <input type="checkbox"/> Delete STREET ADDRESS 6605 BAYSHORE BLVD CITY-ST-ZIP TAMPA FL-33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PANAMBATHU V. CHERIAN <input type="checkbox"/> Delete STREET ADDRESS 6605 BAYSHORE BLVD CITY-ST-ZIP TAMPA FL-33611		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"/> Delete	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: *Panambathu V. Cherman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2034 (11/00)