2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068699

1. Entity Name

SARWAT CORP.

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90052 020 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2001 E HILLSBOROUGH AVE. TAMPA FL 33610	P.O. BOX 17234 TAMPA FL 33682-7234

2. Principal Place of Business	3. Mailing Address
2602 East Busch Blvd	Same as above
Suite, Apt. #, etc.: Suite 'A'	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33612 — Country: U.S.A	Zip — Country

4. FEI Number 59-3397141 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANZAR, FIRDOUS ✓
~~2001 E HILLSBOROUGH~~
~~SUITE 6~~
~~TAMPA FL 33610~~

MANZAR, FIRDOUS
2602 East Busch Blvd
Tampa, FL
33612. U.S.A

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 ____________________
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 elects to do so. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZAR, FIRDOUS ✓ 2001 E HILLSBOROUGH AVE SUITE 6 (wrong adress) TAMPA FL 33610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manzar, Firdous 2602 East Busch Blvd. Tampa, FL 33612. U.S.A ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 3-25-00 (813) 695-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #