

\$150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000078484**

1. Entity Name
CAUSEWAY FINA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 2:30

Principal Place of Business Mailing Address
**12300 BISCAYNE BLVD.
MIAMI, FL. 33181**

2. Principal Place of Business 12300 BIS. BLVD. MIAMI		3. Mailing Address 12300 BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI. FL.	
Zip 33181	Country U.S.A.	Zip 33181	Country DADE

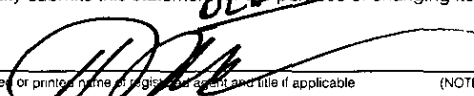
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0695482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**Dinesh Prasad Paliwal
12300 BISCAYNE BLVD.
MIAMI, FL. 33181**

7. Name and Address of New Registered Agent
Name **BHUWAN CHANDRAN**
Street Address (P.O. Box Number is Not Acceptable)
12300 BISCAYNE BLVD.
City **MIAMI** FL **33181**

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  (NOTE: Registered Agent signature required when reinstating) **BC** 5/5/00
Signature, typed or printed name of registered agent and title if applicable 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

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME BHUWAN CHANDRAN	
STREET ADDRESS 12300 BISCAYNE BLVD.	
CITY-ST-ZIP	
TITLE SEC/TR	<input type="checkbox"/> Delete
NAME VIMAL PRASAD	
STREET ADDRESS 12300 BISCAYNE BLVD.	
CITY-ST-ZIP MIAMI, FL. 33181	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 700003265947-9	
CITY-ST-ZIP -05/24/00--01100--015	
1050.00 *150.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an officer like empowered.

SIGNATURE:  **BHUWAN CHANDRAN PRESIDENT** 5/5/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **305891-6732**

CR2E034 (9/99)