

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90492 043 ***150.00

DOCUMENT # P 96000091302

HEALGRANGE LIMITED INC

553858

Principal Place of Business: 4150 KINGS STREET, COCOA FLORIDA, FL 32926
 Mailing Address: 4150 KINGS STREET, COCOA FLORIDA, FL 32926-4166

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3410805
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CHHABRA KRISHAN C, 4150 KINGS STREET, COCOA, FL 32926

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, Zip Code (FL)

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) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	PS	<input type="checkbox"/> Delete
NAME	CHHABRA KRISHAN C	
STREET ADDRESS	4150 KINGS STREET	
CITY-ST-ZIP	COCOA, FLORIDA FL 32926	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHHABRA ANJALI	
STREET ADDRESS	4150 KINGS STREET	
CITY-ST-ZIP	COCOA, FLORIDA FL 32926	
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		
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ KRISHAN C CHHABRA DIRECTOR Date: 5/20/01 Daytime Phone #: 321 632 5721

CR2E034 (11/00)