

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90257 020 ***150.00

0087509 AV

DOCUMENT # P98000001850

1. Entity Name

SURAT, INC.

Principal Place of Business

Mailing Address

~~1020 S. ORLANDO AVE.~~
~~WINTER PARK FL 32789~~

~~1020 S. ORLANDO AVE.~~
~~WINTER PARK FL 32789~~

2. Principal Place of Business

3. Mailing Address

6614 KINGSPONTE PKWY

6614 KINGSPONTE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4A

4A

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Zip

32819-8584

32819-8584

Country

Country

ORANGE

ORANGE

4. FEI Number

57-1067306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, PRABODH C

815 ORIENTA AVE.

SUITE SIX

ALTAMONTE SPRINGS FL 32701

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **SINGH, NOREEN**
CITY-ST-ZIP **8186 BLUE STAR CIRCLE**
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8406 HERITAGE BAY CIR.**
CITY-ST-ZIP **ORLANDO, FL 32836-5000**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KAUR, RUPDAMAN**
CITY-ST-ZIP **8186 BLUE STAR CIRCLE**
ORLANDO FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Noreen Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

(407) 351-5929

Daytime Phone #

0087509 AV