

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015364

1. Entity Name

ALTAIR GLOBAL SERVICES CORP.

APPROVED
AND
FILED

07-17-2000 90072 038 150.00

00 AUG 23 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7740 SOUTHSIDE BOULEVARD
SUITE 2906
JACKSONVILLE FL 32256
US

Mailing Address
7740 SOUTHSIDE BOULEVARD
SUITE 2906
JACKSONVILLE FL 32256-0806
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 19104
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip
32245-9104

Country

4. FEI Number 59-3492884

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

GNANAM, MULLAIRANI
7740 SOUTHSIDE BOULEVARD
SUITE #2906
JACKSONVILLE FL 32256

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 _____ (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	PSTD GNANAM, MULLAIRANI 7740 SOUTHSIDE BOULEVARD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/04/00 (877) 247-7464
Date Daytime Phone #

CR2034 (9/99)

ALTAIR GLOBAL SERVICES CORP

attachment
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Mullairani Gnanam
Altair Global Services Corp
PO Box 19104
Jacksonville, FL 32257
FEI Number: 59-3492884

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We attached a check for \$150.00 to comply with the rules and regulations of the state department of Florida. This check has been delayed because your office sent the payment requisition notification to our previous address. This resulted in the document reaching our office after long delay.

Our current address is stated above and change of address was filed by our organization with the State, Federal, and other appropriate government organizations. Since we did not receive the notification in a timely manner we were not able to make payment on time. Furthermore, I was out of town on business trips during the last few weeks.

We sorry for the delay but it was due to address related errors. Please accept our payment.

Sincerely,



Mullairani Gnanam
Altair Global Services Corp