## 2003 2002-UNIFORM BUSINESS REPORT (UBR)

## May 22, 2003 8:00 am DOCUMENT # P98000033763 Secretary of State 1. Entity Name 05-22-2003 90143 022 \*\*\*150.00 NANO INTERFACE TECHNOLOGY, INC. Principal Place of Business Mailing Address 8390A TERMINAL RA 8390A TERMINAL RD -PO-BOX-8542-ALEXANDRIA VA 22306 LORTON, VA 22079 **LORTON VA 22079** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3505847 Not Applicable Country Country Zip \$8.75 Additional 5.\_Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, PABLO A Street Address (P.O. Box Number is Not Acceptable) 310 SOUTH BUMBY AVENUE ORLAND( FL 32803 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) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSD ☐ Addition TITLE **PSD** Delete TITLE CHITTARANTAN, SINGHP NAME NAME CHITTARANJAN, SINGH P STREET ADDRESS STREET ADDRESS 9068 BLARNEY STONE DR 2629 ARLINGTON DR #203 CITY-ST-ZIP CITY-ST-ZIP **ALEXANDRIA VA 22306** SPRINGFIELD, VA 22152 Change ☐ Addition TITLE ☐ Delete TITLE SINHA, MAYA NAME NAME SINHA, MAYA 9068 BLARNEY STONE DR STREET ADDRESS STREET ADDRESS on adultante i de la con CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD, VA 22152 <u>ale:'andria va 22306</u> ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I furtifier certify that the information

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Abril 15, 2002 703-981-6377

**FILED**