

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046810

1. Entity Name

S A R GROUP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90033 029 ***150.00

Principal Place of Business

Mailing Address

701 SEAFARER CIRCLE #204
JUPITER FL 33477
US

701 SEAFARER CIRCLE #204
JUPITER FL 33418-6503
US

2. Principal Place of Business

2022 BONISLE CIRCLE

3. Mailing Address

2022 BONISLE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0838042

Applied For

Not Applicable

Zip
33418

Country
US

Zip
33418

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SRINIVASAN, SRIRAM
701 SEAFARER CIRCLE
SUITE 204
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name
SRINIVASAN, SRIRAM

Street Address (P.O. Box Number is Not Acceptable)

2022 BONISLE CIRCLE

City
PALM BEACH GARDENS, FL

Zip Code
33418

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] SRIRAM SRINIVASAN, DIRECTOR

04/24/00

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, 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	D	<input type="checkbox"/> Delete
NAME	SRIRAM, APARNA	
STREET ADDRESS	701 SEAFARER CIRCLE #204	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	SRINIVASAN, SRIRAM	
STREET ADDRESS	701 SEAFARER CIRCLE #204	
CITY-ST-ZIP	JUPITER FL 33477	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRIRAM, APARNA	
STREET ADDRESS	2022 BONISLE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL-33418	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRINIVASAN, SRIRAM	
STREET ADDRESS	2022 BONISLE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL-33418	
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 all other like empowered.

SIGNATURE: *[Signature]* SRIRAM SRINIVASAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00

Date

561-848-1647

Daytime Phone #

CR2E034 (9/99)