

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90470 045 ***150.00

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DOCUMENT # P98000046810

1. Entity Name
S A R GROUP, INC.



Principal Place of Business
**2022 BONISLE CIRCLE
WEST PALM BEACH FL 33418
US**

Mailing Address
**2022 BONISLE CIRCLE
WEST PALM BEACH FL 33418
US**

11002906



2. Principal Place of Business
5002 ELPINE WAY
Suite, Apt. #, etc.

3. Mailing Address
5002 ELPINE WAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH GARDENS, FL
Zip
33418
Country
USA

City & State
PALM BEACH GARDENS, FL
Zip
33418
Country
USA

4. FEI Number
65-0838042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SRINIVASAN, SRIRAM
2022 BONISLE CIRCLE
WEST PALM BEACH FL 33418**

7. Name and Address of New Registered Agent

Name
SRINIVASAN, SRIRAM
Street Address (P.O. Box Number is Not Acceptable)
5002 ELPINE WAY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
04/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SRIRAM, APARNA
2022 BONISLE CIRCLE
WEST PALM BEACH FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SRIRAM, APARNA
5002 ELPINE WAY
PALM BEACH GARDENS, FL, 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SRINIVASAN, SRIRAM
2022 BONISLE CIRCLE
WEST PALM BEACH FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SRINIVASAN, SRIRAM
5002 ELPINE WAY
PALM BEACH GARDENS, FL, 33418

TITLE
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TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 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

DATE
04/15/03

DAYTIME PHONE #
561-848-1647

CR2E034 (10/02)