

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2000 90043 025 ***150.00

DOCUMENT # P98000049675

1. Entity Name

SIX SIGMA SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1394 N.W. 81ST AVENUE
 PLANTATION FL 33322

1394 N.W. 81ST AVENUE
 PLANTATION FL 33319-5123

2. Principal Place of Business

433, SUNLAKE CIR.,

3. Mailing Address

433, SUNLAKE CIR.,

Suite, Apt. #, etc.

APT # 305

Suite, Apt. #, etc.

APT # 305

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

Zip

32746

Country

SEMINOLE

Zip

32746

Country

SEMINOLE

4. FEI Number

65-0874729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENDHIL, SHIMA
1394 N.W. 81ST AVENUE
PLANTATION FL 33322

Name

SHIMA SENDHIL

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

433, SUNLAKE CIR.,

APT # 305

City

LAKE MARY

FL

Zip Code

32746

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

Shima Sendhil

SHIMA SENDHIL - PRESIDENT

04/22/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENDHIL, SHIMA	NAME	SHIMA SENDHIL
STREET ADDRESS	1394 N.W. 81ST AVENUE	STREET ADDRESS	433, SUNLAKE CIR., APT # 305
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP	LAKE MARY, FL-32746
TITLE	<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LIMA VAR&HESE
STREET ADDRESS		STREET ADDRESS	433, SUNLAKE CIR., APT #305
CITY-ST-ZIP		CITY-ST-ZIP	LAKE MARY, FL-32746
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MADAN SENDHIL
STREET ADDRESS		STREET ADDRESS	433, SUNLAKE CIR., APT #305
CITY-ST-ZIP		CITY-ST-ZIP	LAKE MARY, FL-32746
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Shima Sendhil **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2000

DATE

(407)-302-4532

DAYTIME PHONE #

CR2F034 (9/99)