

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT #	P98000093878
1. Entity Name	
Mukkas Corporation	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1010 Lee Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Orlando, FL			
Zip	Country	Zip	Country
32810			

000000463077
03/25/06-80014-022 150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-3541880		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	
BADHWAR, SANGEETA	
Street Address (P.O. Box Number is Not Acceptable)	
7707 RENWOOD CT	
City	Zip Code
ORLANDO	FL 32818

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE	PVP
NAME	BADHWAR, SANGEETA
STREET ADDRESS	7707 RENWOOD CT
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/06 407-299-9229