

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91030 008 \*\*\*150.00

**DOCUMENT #** P98000093878

**1. Entity Name**

Mukkas Corporation

**Principal Place of Business**

1010 Lee Road

**Mailing Address**

1010 Lee Road

Orlando, FL

32810

Orlando, FL

32810

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

59-3541880

**Applied For**

☐ Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐ \$8.75

**Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

BADHWAR, SANGEETA

984 VINERIDGE RUN #104

ALTAMONTE SPRINGS FL 32714

**Name**

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

**City**

**FL**

**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)

**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 \$350.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ Delete  
**NAME** BADHWAR, SANGEETA  
**STREET ADDRESS** 984 VINERIDGE RUN #104  
**CITY - ST - ZIP** ALTAMONTE SPRINGS FL 32714

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** VP ☐ Delete  
**NAME** BADHWAR, KRISHAN K  
**STREET ADDRESS** 984 VINERIDGE RUN #104  
**CITY - ST - ZIP** ALTAMONTE SPRINGS FL 32714

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.**

**Date**

**Daytime Phone #**

CRE034 (9/99)