

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000011918

1. Entity Name
Y2K Electronics Inc.

FILED

00 APR -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5805 Tolman Ct.
Tampa, FL 33647

Mailing Address

2. Principal Place of Business 5805 Tolman Ct.
Suite, Apt. #, etc.

3. Mailing Address 5805 Tolman Ct.
Suite, Apt. #, etc.

City & State Tampa, FL

Zip 33647 **Country** USA

4. FEI Number 59-3555548

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

6. Name and Address of Current Registered Agent
Mahesh SAMBHU
5805 Tolman Ct.
Tampa, FL 33647

7. Name and Address of New Registered Agent

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 *M. K. Sallu* **DATE** 4/1/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 President	<input type="checkbox"/> Delete
NAME Mahesh SAMBHU	
STREET ADDRESS 5805 Tolman Ct.	
CITY-ST-ZIP Tampa, FL 33647	
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 —	
TITLE —	<input type="checkbox"/> Delete
NAME —	
STREET ADDRESS —	
CITY-ST-ZIP —	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 —	
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: *M. K. Sallu* (Mahesh K. SAMBHU) 3/20/2000 813-971-1495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR