

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2003 8:00 am
Secretary of State

07-08-2003 90026 038 ***550.00

0099710 AV

DOCUMENT # P99000018170

1. Entity Name
KAKATIYA CORPORATION



Principal Place of Business
749 N GARLAND AVE. STE 101
ORLANDO FL 32801

Mailing Address
749 N GARLAND AVE. STE 101
ORLANDO FL 32801

2. Principal Place of Business
4009 N. Howard
Suite, Apt. #, etc.

3. Mailing Address
4420 FM 1960 WEST
Suite 224

City & State
Tampa, FL
Zip
33607
Country

City & State
Houston, TX
Zip
77068
Country

4. FEI Number 74-2904162

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KEATING, JOHN KINGMAN
749 N GARLAND AVE, STE 101
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 D
NAME YALAMANCHILI, CHOWDARY
STREET ADDRESS 12204 CYPRESS CT
CITY-ST-ZIP HOUSTON TX 77065 ☐ Delete

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

TITLE VP
NAME CHAN, ROLITA
STREET ADDRESS 4420 FM 1960 WEST, STE 224
CITY-ST-ZIP HOUSTON TX 77068 ☐ Delete

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

TITLE S
NAME BELANGER, ANGELA
STREET ADDRESS 12204 CYPRESS CT.
CITY-ST-ZIP HOUSTON TX 77065 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rolita Chan

7/2/03

(281) 444-1555

Daytime Phone #

CR2E034 (10/02)