## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2002 8:00 am Secretary of State

05-08-2002 90091 021 \*\*\*150 00

1. Entity Nan	MENT # P99000018 THE PLANNING THE PLANNING THE		NC.			05-08-20	002 90091	021 ***150.00		
	DO NOT WRITE	IN THIS S	PAC	Œ						
2. Principal F	Place of Business est State Road 434	3. Mailing Address 2813 South Hi	awa c							
Suite, Apt. Suite 1	#. etc.	Suite, Apt. #, etc.	awas	<del>cc</del>		DO NOT WRITE IN THIS SPACE				
City & Stat Longwood	te	Suite 104 City & State Orlando FL			4. FEI Numb	4. FEI Number COSESSO 44 Applied For				
<sup>Zip</sup> 32750	Country			ntry		593578841		Not Applicable		
32/50	USA	32835	US			of Status Desired	Fee	.75 Additional Required		
	DO NOT W IN THIS SE	<b></b> -	Alle Green yell	Street Addr	nod Vasudey ress (P.O. Box Numb	er is Not Acceptable	)	-		
			Ì	City	ngwood	1000	FL	Zip Code		
8. The above	named entity submits this statement fo	or the purpose of changing its	register	ed office or req	gistered agent, or bot	h. in the State of Flo	rida.	32750		
SIGNATURE _										
9. This corpor	Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)  OFFICERS AND	January 1 c h After May Amende Make Check Paya	lay 1 Fe 1 Fee I	e ls \$150.00 s \$550.00 s \$61.25	10. Ele	ction Campaign Fina st Fund Contribution		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Vinod Vasudeva 1200 West State Roa Longwood FL 32750		TITLE NAME 118 STREET CETY-	:			۰	CR2E034B (12/01)		
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	•		City-	T ADDRESS ST-ZIP			,	CR2EC		
NAME STREET ADDRESS CITY-ST-ZIP	·		3.		D(	-TON C	NRITE	and the second s		
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREE CITY-5	FADORESS ST-ZIP	IN	THIS S	PACE			
NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET CITY-S	ADDRESS IT-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP			*. ,			
13. I hereby cer indicated or of the corpo attachment	rtify that the information supplied with the this report of supplemental report is to ration or the receiver or trustee empored with an address with all other like emporation.	775	od Va	evabuze	Section 119.07(3)(i), ne same legal effect a r 607, Florida Statute		rther certify that h, that I am an e appears in BI	09		