

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036334

1. Entity Name

GURU KA AASRA, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90094 022 \*\*\*150.00

604929



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
201 PARK PLACE STE. 207 201 PARK PLACE STE. 207  
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-3574

2. Principal Place of Business 3. Mailing Address  
3218 S ATLANTIC AVE 3218 S ATLANTIC AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
DAYTONA BEACH FL DAYTONA BEACH FL  
Zip Country Zip Country  
32118 32118

4. FEI Number Applied For  
59-3571220 Not Applicable

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

6. Name and Address of Current Registered Agent  
MANGAR, NARINDER  
201 PARK PLACE STE. 207  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent  
Name MANGAR NARINDER  
Street Address (P.O. Box Number is Not Acceptable)  
3218 S ATLANTIC AVE  
City DAYTONA BEACH FL Zip Code 32118

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 DATE  
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 |                                     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PST <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MANGAR, NARINDER                    | NAME  |  |
| STREET ADDRESS             | 429 SPANISH TRACE DR.               | STREET ADDRESS  | 3218 S ATLANTIC AVE  |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS FL 32714          | CITY-ST-ZIP   | DAYTONA BEACH FL 32118   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | NAME  |  |
| STREET ADDRESS             |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | NAME  |  |
| STREET ADDRESS             |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | NAME  |  |
| STREET ADDRESS             |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | NAME  |  |
| STREET ADDRESS             |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                     | 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 REQUIRED  
Date 1/12/00 (904) 760-1535  
Signature and typed name of signing officer or director Daytime Phone #