

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90168 001 ***300.00

DOCUMENT # P99000058387

1. Entity Name

SUDECO SBR, INC.

Principal Place of Business

1080 WOODCOCK ROAD
 SUITE 285
 ORLANDO FL 32803-3514

Mailing Address

PO BOX 149428
 ORLANDO FL 32814

2. Principal Place of Business

2813 S. HIWASSEE RD

Suite, Apt. #, etc.

#104

3. Mailing Address

INTERNATIONAL PROFESSIONAL

SERVICES CORP.

2813 S. Hiwassee Rd., # 104

City & State Orlando, FL 32835

City & State

ORLANDO FL

Zip

32835

Country

Zip

Country

4. FEI Number

59-3585399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THAKKAR, HEMENDRA
 2679 RANGELEY COURT
 ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Street Address International Professional
 Services Corp.

2813 S. Hiwassee Rd., #104
 Orlando FL 32835

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, 2002 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 NAME	PD SUDHIR RAOJIBHAI, PATEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1080 WOODCOCK ROAD ORLANDO FL 32803-3514	→
TITLE NAME	VPSD SHIRGAOKAR, DINKAR M MAJOR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1080 WOODCOCK ROAD ORLANDO FL 32803-3514	→
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	International Professional Services Corp.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2813 S. Hiwassee Rd., #104 Orlando FL 32835	
TITLE NAME	International Professional Services Corp.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2813 S. Hiwassee Rd., #104 Orlando FL 32835	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E034 (9/01)

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: *Hemendra Thakkar* / H.T. HEMENDRA THAKKAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

407 822-8209

Daytime Phone #