2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900060088

EDWARU, RAVIN

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

3040 WEST VINE STREET KISSIMMEE FL 34741

9. This corporation is eligible to satisfy its Intangible

Edwaru, RAVIN

3 040 WEST VINE STREET

K1551 MMEE, FL 34741

Tax filing requirement and elects to do so

(See criteria on back)

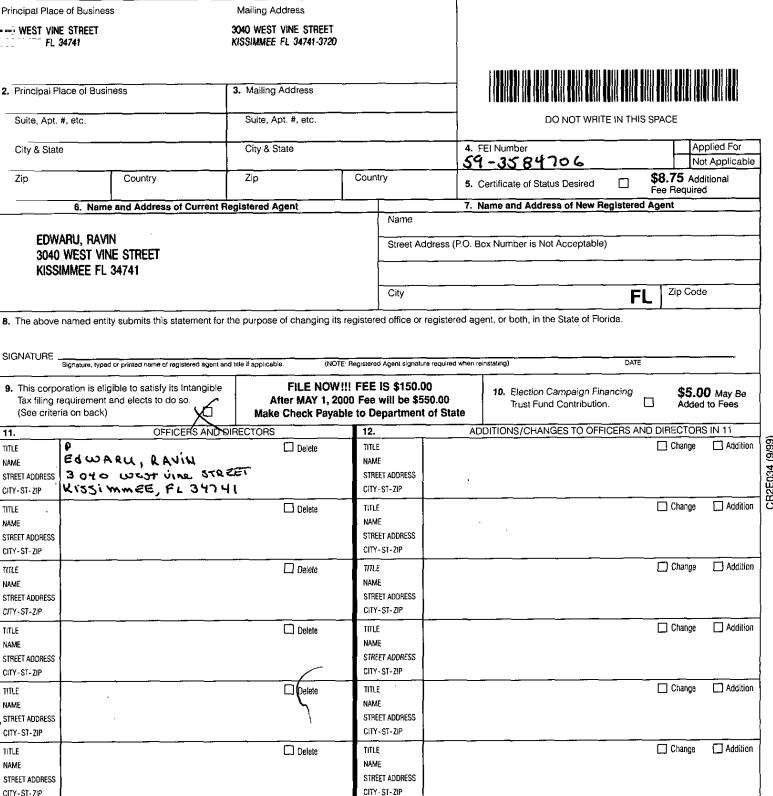
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

WEST VINE STREET FL 34741		Mailing Address 3040 WEST VINE STREET KISSIMMEE FL 34741-3720	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State	

FILED Feb 09, 2000 8:00 am Secretary of State

02-09-2000 90004 049 ***150.00



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 trusted 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.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

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12.

NAME

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NAME

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

d