1. Entity Name	MENT # P99000 ST PROPERTY & INVESTME		** · · ·	Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90087 026 ***150.00
Principal Place of Business 8910 N DALE MABRY HWY. SUITE 38 TAMPA FL 33614		Mailing Address 8910 N DALE MABRY HWY. SUITE 38 TAMPA FL 33614		
2. Principal Place of Business		3. Mailing Address		, NACISTAL IND 1811 1811 1811 1811 BENT BOOK BOOK BOOK BOOK BOOK BOOK AND A FEBRUARE BOOK BOOK BOOK BOOK BOOK B
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3591187 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
U. Maille allo Address of Garlott registrates agent			Name	the same of the sa
GOVINDARAJU, SANTOSH 8910 N DALE MABRY HWY, SUITE 38			Street	Address (P.O. Box Number is Not Acceptable)
TAMF	PA FL 33614		-01	₽ Zip Code
	/		City	or registered agent, or both, in the State of Florida.
Tax filing t	consture, typed operinted name of registered agent contains is eligible to satisfy its Intangible requirement and elects to do so. tria on back)	e FILE NOV	V!!! FEE IS \$150 2001 Fee will be \$	\$550.00 Trust Fund Contribution. Added to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORENDARAJU, SANTOSH 8910 N DALE MABRY HWY STE TAMPA FL 33614	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERAQUZT, PHIL 4324 SAND DOLLAR CT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL BERAQUET S 4324 SAMDDOLLAR CT. NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW PORT RICHEY FL 34652	☐ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

2001 UNIFORM BUSINESS REPORT (UBR)

SANTOSH (FOVENDARA JU, 1/4/0/ (813)930-0527
ER OR DIRECTOR Dayling Phone #