

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000082443**1. Entity Name
THANDAN INC.**FILED**
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90236 037 ***150.00

A0074004

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3005 STARMOUNT DR.
VALRICO FL 33594**

Mailing Address

**3005 STARMOUNT DR.
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596367

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KURIAN, JOSEPH
3005 STARMOUNT DR.
VALRICO FL 33594**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **P Joseph KURIAN**
STREET ADDRESS **3005 Starmount Dr.**
CITY-ST-ZIP **Valrico FL 33594**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP Mini Kurian**
STREET ADDRESS **3005 Starmount Dr.**
CITY-ST-ZIP **Valrico FL 33594**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/00
Date**(727) 584-6729**
Daytime Phone #

CR2E034 (5/00)

Attachment Doc#
p990000 82443
A0074004

From : Thandan, Inc.
To : Department of State
Division of Corporation
Re : 2000 Business Report

Due to a serious and deadly illness in the family, I had to leave the country for three months to stay next to my dying mother from approximately February, 2000 to June, 2000. In my absence I hired a relative to manage the business and pay the bills.

Not sure whether or not I received the first notice of 2000 Uniform Business Report (UBR), please accept the enclosed check for \$150 representing the annual fee for the Uniform Business report.

Due to the circumstances I was into, I hope you would accept this fee based on the first notice.

Thank you for understanding and cooperation in resolving this matter. Should you have additional information, please do not hesitate to write or call.

Sincerely;



Joseph Kurian
President.