

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90005 022 ***150.00

DOCUMENT # P99000104744

1. Entity Name

VISKARE.COM INC.

Principal Place of Business

Mailing Address

**55814 ARBOR CLUB WAY
BOCA RATON FL 33433**

**55814 ARBOR CLUB WAY
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

5420 LYONS RD

P.O. BOX 811743

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#108

City & State

City & State

COCONUT CREEK, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33073

U.S.A.

33481

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALASUBRAMANIAM, KIRUDDINAN
55814 ARBOR CLUB WAY
BOCA RATON FL 33433**

Name

KAREN L. KAYSER

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

5420 LYONS RD, #108

City

COCONUT CREEK

FL

Zip Code

33073

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

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

KAREN L. KAYSER

(NOTE: Registered Agent signature required when reinstating)

4/26/2000

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D VISWANATHAN, PADMA 5101 SW 173 WAY FT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYSER, KAREN 55814 ARBOR CLUB WAY BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PADMA VISWANATHAN 5101 SW 173 WAY FT LAUDERDALE, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KAREN KAYSER 5420 LYONS RD, #108 COCONUT CREEK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Karen L. Kayser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN L. KAYSER

Date

4/26/2000

Daytime Phone #

954-916-2640

CR2E034 (9/99)