

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08394

1. Entity Name

RANN INTERNATIONAL TRADING CORPORATION

**FILED**  
May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90015 001 \*\*\*150.00

Principal Place of Business

Mailing Address

410 WARE BLVD  
STE 600  
TAMPA FL 33619  
US

410 WARE BLVD  
STE 600  
TAMPA FL 33619-4446  
US

2. Principal Place of Business

2827 FAIRWAY VIEW DR

Suite, Apt. #, etc.

3. Mailing Address

2827 FAIRWAY VIEW DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VALRICO, FLORIDA

City & State

VALRICO FL

4. FEI Number

59-3107725

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

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

RAO, VIVEK  
410 WARE BLVD  
STE 600  
TAMPA FL 33619

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 \$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	C RAO, VIVEK 410 WARE BLVD STE 600 TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PRIOR, LINDA 410 WARE BLVD, STE 600 TAMPA FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIJAYANAGAR, R.R. 410 WARE BLVD, STE 600 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLER, KERRY 410 WARE BLVD, STE 600 TAMPA FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, GEORGE 410 WARE BLVD, STE 600 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALAFELL, ROBERT 410 WARE BLVD, STE 600 TAMPA FL 33619	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL STARKEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GVERNOR BOB MARTINEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NARPAT BHANDARI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. M. ACHARYA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRAKASH PATEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOHUMIR PLALEK	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

8136554782

CR2E034 (9/99)