

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V18550**1. Entity Name  
VIKRAM, INC.

## Principal Place of Business

76-36 265TH STREET

NEW HYDE PARK  
11040

NY

## Mailing Address

76-36 265TH STREET

NEW HYDE PARK  
11040

NY

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

11-3109577

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SZYMANSKI RONALD SR  
84 COMANCHE CT.PALM COAST  
32137

US

FL

## 7. Name and Address of New Registered Agent

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)

04/30/2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DATT NEERAJ	
STREET ADDRESS	76-36 265TH STREET	
CITY-ST-ZIP	NEW HYDE PARK NY 11040	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERMA, DR. SHYAM	
STREET ADDRESS	801 GARDEN ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAJAJ, DR. RANDHIR	
STREET ADDRESS	85 COACHMEN PLACE WEST	
CITY-ST-ZIP	MUTTONTOWN NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUPTA, RAJESH K.	
STREET ADDRESS	1986 STEWART AVENUE	
CITY-ST-ZIP	NEW HYDE PARK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: NEERAJ DATT**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)