

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000648

1. Entity Name

INDOTRONIX INTERNATIONAL CORPORATION

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90015 022 ***150.00

Principal Place of Business 13575 - 58TH ST. NORTH STE. 183 CLEARWATER FL 34620	Mailing Address 331 MAIN MALL SUITE 108 POUGHKEEPSIE NY 12601-3145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>331 Main Mall</i> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <i>Poughkeepsie NY</i>	City & State	4. FEI Number 52-1464254	Applied For <input type="checkbox"/> Not Applicable
Zip <i>12601</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS 4521 PGA BLVD STE 211 P BCH G FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAO, DODLAN 331 MAIN MALL POUGHKEEPSIE NY 12601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULEPALLI, SANKARA 331 MAIN MALL, STE. 108 POUGHKEEPSIE NY 12601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MANDAVA, BABU RAO 331 MAIN MALL, STE. 108 POUGHKEEPSIE NY 12601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHINTAPALLI, RAU V 331 MAIN MALL, STE 108 POUGHKEEPSIE NY 12601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENKATESWARA, VOLETI 331 MAIN MALL, STE. 108 POUGHKEEPSIE NY 12601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POTLURI, MOHANN D 331 MAIN MALL, STE. 108 POUGHKEEPSIE NY 12601 <input type="checkbox"/> Delete	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: *[Signature]* **BABU RAO MANDAVA** *2/15/2000* **914-473 1137**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #