2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P93000034556 Jan 20, 2000 8:00 am Secretary of State 1. Entity Name MAHADEV, INC. 01-20-2000 90208 039 ***150.00 Principal Place of Business Mailing Address **801 FLORAL STREET 801 FLORAL STREET** TALLAHASSEE FL 32304 TALLAHASSEE FL 32311-5439 2. Principal Place of Business 3. Mailing Address 1839. Wagon 1839 Walon Suite, Apt. #, et Suite, Apt. #, e City & State 4. FEI Number Applied For City & State 59-3181469 Not Applicable Tα Country \$8.75 Additional 5. Certificate of Status Desired - - - - -Fee Required 231 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARISH PATEL, GIRISH Street Address (P.O. Box Number is Not Acceptable) **801 FLORAL STREET** TALLAHASSEE FL 32304 WHEEL CIRCLE E WAGON 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME PATEL. GIRISH NAME STREET ADDRESS STREET ADDRESS 1839 WAGON WHEEL CIR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE PATEL, SHARMISTHA NAME NAME STREET ADDRESS STREET ADDRESS 1839 WAGON WHEEL CIR CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete ☐ Change Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR