CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am Secretary of State P93000041689 DOCUMENT # 1. Entity Name LALANI CORPORATION 01-28-2002 90050 035 ***150 00 Principal Place of Business Mailing Address 2960 TAFT STREET 820 N.E. 128TH STREET HOLLYWOOD FL 33020 NORTH MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0433803 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LALANI, ANWARALI Street Address (P.O. Box Number is Not Acceptable) 820 N.W. 128TH ST. NORTH MIAMI FL 33161 City Zip Code FL 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) 9.-This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Lalani, anwarali NAME NAME 820 N.E. 128TH ST. STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33161 CITY-ST-7IP CITY-ST-ZIP TSD TITLE ☐ Delete TITLE Change ☐ Addition LALANI, CARMENCITA Q NAME NAME STREET ADDRESS 820 N.E. 128TH ST. STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33161 CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition NAME LALANI, MEHDI H NAME STREET ADDRESS 820 N.E. 128TH ST. STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33161 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: X MUMEURE REQUIREANWARALI LALAM

954-926-6752