2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2001 8:00 am DOCUMENT # P94000034683 **Secretary of State** 1. Entity Name SUNNY'S BP. INC. 02-14-2001 90002 031 ***150.00 Principal Place of Business Mailing Address 11960 S. HWY 301 11960 S. HWY 301 BELLEVIEW FL 34420 BELLEVIEW FL 34420 HS HS 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 59-3241282 Not Applicable Zip Country 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 SHAH, RASKIN Street Address (P.O. Box Number is Not Acceptable) 1069 CHENEY HWY TITUSVILLE FL 32780 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE Delete TITLE Change ☐ Addition SHETH, NILESH C NAME NAME STREET ADDRESS 15 CEDAR RUN STREET ADDRESS CITY-ST-ZIP OKALA FL CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition SHAH, SUNIL NAME NAME STREET ADDRESS 702 SMITH STREET STREET ADDRESS CITY-ST-7IP FRUITLAND PARK FL CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete SHETH, NEETA NAME NAME STREET ADDRESS 15 CEDAR RUN STREET ADDRESS CITY-ST-ZIP OCALA FL 34472 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHAH, MEETA S NAME NAME STREET ADDRESS 702 SMITH ST. STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 36731 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.12-01 362-245-9239
Date Daytime Phone #