2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L90598 1. Entity Name SIMPLY TROPICS, INC. no Jul 17 PM 3: 27 Principal Place of Business Mailing Address SECRETARY OF STATE 301 BROADWAY 301 BROADWAY TALLAHASSEE, FLORIDA RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 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 65-0212101 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 JAIN, HARBANS Street Address (P.O. Box Number is Not Acceptable) 301 BROADWAY **RIVIERA BEACH FL 33404** 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 \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. 12. CR2E034 (5/00) Delete Change Addition TITLE TITLE NAME JAIN, HARBANS NAME 900003342619 STREET ADDRESS STREET ADDRESS 287 SULKY WAY -08/01/00--01084--013 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ********150.00 ☐ Change Addition TITLE ☐ Delete TITL F JAIN, PARVEEN NAME NAME STREET ADDRESS STREET ADDRESS 287 SULKY WAY CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL D Delete ☐ Change ☐ Addition TITLE TITLE JAIN, NEAL NAME NAME STREET ADDRESS STREET ADDRESS 287 SULKY WAY City-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

7.10.2000

Screenprint • Embroidery • T-Shirt Wholesaler

07/07/2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Document #L90598

To Whom It May Concern:

Customarily, we understand that the Uniform Business Report is sent out in January. We have just now received Document #L90598 (2000 Uniform Business Report).

As instructed during our inquiries, please find enlclosed a check in the amount of \$150.00 payable to the Department of State.

Sincerely,

John Jain