2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

420613 **DOCUMENT #**

1. Entity Name

THREE FIFTY CORPORATION



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90082 047 ***150.00

					A STATE OF	35/						
Principal Place 350 LINCOLN R MIAMI BCH FL	D. STE 315	Mailing Address 350 LINCOLN RD. STE 315 MIAMI BCH FL 33139 3. Mailing Address										
2. Principal Pla	ace of Business						ill	 	14 200 1411 01011	B	HOLL DEDAK IDƏV	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State		City & State				4	. FEI No	^{umber} 59-144305	59		oplied For ot Applicable	
Zip	Country			lry	5	. Certifi	cate of Status Desired	d 🗆 _	\$8.75 Ad Fee Require			
	6. Name and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent						
 					Name		d - •	**, *.	•	-		
CHATANI,	shevak Uln RD, ste 315		Stre			Address (P.O. Box Number is Not Acceptable)						
	CH FL 33139					-						
					City				F	— 1		
8. The above the obligation	named entity submits this statement for ons of registered agent.	the purp	ose of changing its	register	ed office or r	egistered	agent, o	or both, in the State of	Florida. I ar	n familiar with	, and accept	
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if ann	licable (NOTE	: Registere	d Agent signature	required wh	en reinstatin	ng)	DATE			
		THE THE IT EAST	(· · · · · · · · · · · · · · · · · · ·						
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	04-4-					9	 Election Campaign Trust Fund Contribution 			00 May Be ed to Fees	
	Payable to Florida Department of		\	11.			ADDITIO	ONS/CHANGES TO C	OFFICERS A	ND DIRECTOR	RS IN 11	
10.	OFFICERS AND	Delete		TITL	Т		ADDITIO	0110701111102010	-	☐ Change	☐ Addition	
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NAME STREET ADDRESS	350 LINCOLN RD #315			STR	ET ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL			CITY	'-ST-ZIP				J 10			
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NAME	VASANDANI, KAMLA			NAN	1							
STREET ADDRESS	350 LINCOLN RD #315			• • • • • • • • • • • • • • • • • • • •	EET ADDRESS							
CITY-ST-ZIP	MIAMI BEACH FL			CIT	'-ST-ZIP						☐ Addition	
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NAME	CHATANI, C HERESH			NAM STR	EET ADDRESS							
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TITLE	•		☐ Delete			CH	ATA	NI SHE INCOLN BEACH	NYK	☐ Change	Addition	
NAME	CHATANI, PRAKASH			: NAI	1	35	SO F	-INCOLN X	₩ ₽: :	FOST.		
STREET ADDRESS	350 LINCOLN RD #315				EET ADDRESS Y-ST-ZIP	MI	MA	BEACH	FL.	20154		
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NAME STREET ADDRESS					REET ADDRESS			•				
CITY-ST-ZIP	į.			CIT	Y-ST-ZIP				<u></u> .			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: