2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 475930 May 12, 2000 8:00 am Secretary of State 1. Entity Name LAXMI CORPORATION 05-12-2000 90012 046 ***150.00 Principal Place of Business Mailing Address 11400 NW 32 AVE 11400 NW 32 AVE MIAMI FL 33167-2901 **MIAMI FL 33167** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1699559 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGRAM, HOWARD C.P.A. Street Address (P.O. Box Number is Not Acceptable) 9700 SOUTH DIXIE HIGHWAY N. KENDALL **MIAMI FL 33156** Su176 207 Zip Code 33176 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible - 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. ☐ Addition Change ☐ Delete TITLE PATEL, AMBUBHAI VANMALI NAME NAME 11400 NW 32 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33167** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete PATEL, GOVANBNAI VANMALI NAME NAME 11400 NW 32 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIP CITY-ST-ZIP TVD ☐ Addition ☐ Delete TITLE Change TITLE PATEL. KIRAN NAME NAME STREET ADDRESS 11400 NW 32 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33167** CITY-ST-ZIP VD Change ☐ Addition Delete TITLE PATEL, DIPAK NAME NAME 11400 NW 32 AVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP **MIAMI FL 33167** CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE PATEL, ANIL NAME NAME STREET ADDRESS 11400 NW 32 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33167** CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4 26 00 305-688-1000