FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBK)					05-05-2003 91844 024 ***150.00			
OCUMENT # 546834 1. Entity Name								
DO NOT WRITE IN THIS SPACE					90129701			
2. Principal Place of E	3. Mailing Address				4			
46 LINCOLN ROAD Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number			Applied For
MAMI BEACH, FL				59-1774464		54		Not Applicable \$8.75 Additional
Zip	Country	Zip		ountry	5. Certific	ate of Status Desired		Fee Required
3139 				7. Nan	Name and Address of Current Registered Agent			
				Name KISHU C CHATANI				
DO NOT WRITE IN THIS SPACE				Street Add	Idress (P.O. Box Number is Not Acceptable) RIDIAN AVENUE			
				2385 N MERI				
				City			_	Zip Code
				MIAMI BEACH	1	FL	•	33140
8. The above named	entity submits this	statement for the purpos I accept the obligations	e of cl of rea	hanging its regi istered agent.	stered offic	ce or registered agent, o	or bo	m, in the
	an landina with an	accopt the obligations	v. 10g					
SIGNATURESignatu	re, typed or printed name	of registered agent and title if a	pplicabl	e. (NOTE: Regis	stered Agent s	ignature required when reinsta	ting)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10	OFFICERS /	AND DIRECTORS	11.	TLE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHATANI, KISHU 2385 N MERIDIAN MIAMI BEACH, FL	AVENUE	N S C	AME TREET ADDRES ITY-ST-ZIP	s			
TITLE NAME	SD CHATANI, ANJALITA 2385 N MERIDIAN AVENUE MIAMI BEACH, FL 33140		X S	ITLE AME TREET ADDRES ITY-ST-ZIP	s			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	VP Chatani, Bha 346 Lincoln Miami Beach,	rt Road	N S	ITLE AME TREET ADORES ITY-ST-ZIP	æ	DO NOT I	ΝF	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE IAME TREET ADDRES STY-ST-ZIP	s s	IN THIS S	P	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			S	ITLE IAME TREET ADDRES ITY-ST-ZIP	is.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			S	ITLE IAME TREET ADDRES ITY-ST-ZIP		4007000	61-1	too I further
12. I hereby certify that	the information supplicated on this	ed with this filing does not o	qualify to port is	for the exemption true and accurate	stated in Se e and that m	ection 119.07(3)(i), Florida y signature shall have the	same	e legal effect

(2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in decision 115.07(3)(i), notice exemption stated in decision 115.07(3)(i), notice exemption 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shoot Chateri

Bharat Chatani

4/3/03

Daytime Phone #