2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am Secretary of State **DOCUMENT # 845156** 1. Entity Name SAATNAM CORPORATION N.V. 02-07-2000 90038 036 ***150.00 Principal Place of Business Mailing Address KAMLACHETAN VASANDANI KAMLACHETAN VASANDANI **AURIGAWED 11 AURIGAWED 11 CURACAO.NETHERLANDS ANTILLES** CURAÇÃO.NETHERLANDS ANTILLES 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 59-2043498 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHATANI.SHEVAK Street Address (P.O. Box Number is Not Acceptable) 350 LINCOLN ROAD #315 MIAMI BEACH FL 33139 Zip Code City 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 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, 2000 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 VST ☐ Change Addition TITLE ☐ Delete TITI F YVASANDANI,KAMLA CHETAN NAME NAME STREET ADDRESS STREET ADDRESS **AURIGAWEG 11** CITY-ST-ZIP CITY-ST-ZIP CURACAO, N.V. TITLE ☐ Delete TITLE ☐ Change Addition CHATANI, CHETAN NAME NAME STREET ADDRESS 350 LINCOLN RD.#315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 'CITY-ST-ZIP CITY-ST-ZIP Delete . ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LCITY-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 windicated 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 changed, or on an attachment with an address, with gill other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.31-2500

205-578-411

Daytime Phone #

FILED