## FILED 2003 FOR PROFIT CORPORATION Mar 26, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR **Secretary of State** G51478 **DOCUMENT #** 03-26-2003 90156 026 \*\*\*150.00 1. Entity Name BHATTI ENTERPRISES, INC. Mailing Address Principal Place of Business -300! DAVIE BLVD -2001 - DAVIE BLVD --FORT-LAUDERDALE FL 33312 FORT-LAUDERDALE FL 33312 ·HS-US. 3. Mailing Address 2. Principal Place of Business 3521-W-BROWALD BLU 3521-W-BROWARD Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. ESP SUITE-SUITE-107 Applied For 4, FEI Number City & State 59-2305411 Not Applicable T-LANDERDALE FLORIDA T-LAUDERDAL \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required BROW ARD 33312 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BHATTI, JASWANT S. Street Address (P.O. Box Number is Not Acceptable) SOOT DAVE BLYD 3521-W-BROWARD BLUD SUITE - 107 FORT LAUDERDALE FL 33312 Zip Code City 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. I am familiar with, and accept PRESIDENT the obligations of registered agent. t. S. BILLED JASWANT, S. BHATTI (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. OFFICERS AND DIRECTORS 10. ☐ Change TITLE Defete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE: NAME BHATTI, JASWANT S NAME STREET ADDRESS 1344 NW 135TH AVE. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CICALATURE:

Output:

Discussion:

Output:

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/204/03

Daytime Phone #