2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **J74255** TATA TEA INC. 04-21-2000 90097 033 ***150.00 Principal Place of Business Mailing Address 1001 W DR M.L. KING JR BLVD 1001 W DR M.L. KING JR BLVD PLANT CITY FL 33566 PLANT CITY FL 33566 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. 4. FEI Number Applied For City & State City & State 59-2809920 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENKITESWARAN, V. Street Address (P.O. Box Number is Not Acceptable) 1001 W DR M.L. KING JR BLVD PLANT CITY FL 33566 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D SETH, D.S. Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 24 HOMI MODY STREET CITY-ST-ZIP CITY-ST-ZIP BOMBAY, INDIA Kerala, India Change ☐ Delete ☐ Addition TITLE TITLE Kavarana, F.K. NAME NAME KAVARANA, F. STREET ADDRESS STREET ADDRESS 24 HOM MODY ST. CITY-ST-ZIP CITY-ST-ZIP **BOMBAY IN** ☐ Delete TITLE Change ☐ Addition TITLE NAME MCCLOSLEY, J. F. NAME____ STREET ADDRESS 2912 LAFAYETTE AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY. CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME VENKITESWARAN, V. NAME STREET ADDRESS STREET ADDRESS 1001 DR M.L. K. JR. BLVD. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL Change ☐ Addition ☐ Detete TITLE TITLE Kidwai, S.M. MIKIDWAI. S NAME NAME STREET ADDRESS STREET ADDRESS 1 BISHOP LE FROY ROAD CITY-ST-ZIP CITY-ST-ZIP CALCUTTA, INDIA ☐ Addition ☐ Delete TITLE TITLE KUMAR, R.K. KRISHNA NAME NAME STREET ADDRESS 1. BISHOP LEFROY ROAD STREET ADDRESS Mumbai, India CITY-ST-ZIP CITY-ST-ZIP CALCUTTA, INDIA 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 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.