2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2002 8:00 am DOCUMENT # K23571 **Secretary of State** 1. Entity Name 02-01-2002 90011 035 ***150.00 D&K U.S.A., INC. Mailing Address Principal Place of Business 2315 NW 107TH AVE. 2315 NW 107TH AVE. #99 #99 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0048942 Not Applicable Zip.. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KHEMLANI, DEEPAK Street Address (P.O. Box Number is Not Acceptable) 10631 SW 75 LANE **MIAMI FL 33173** Zip Code 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE KHEMLANI, DEEPAK NAME NAME 10631 SW 75 LANE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIE ☐ Addition [] Change ☐ Delete TITLE TITLE VIDYA KHEMLANI NAME NAME STREET ADDRESS STREET ADDRESS 10631 SW 75TH LANE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

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□ Delete

Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE AND TYPED

Jan. 16-2002.

Change

Change

☐ Addition

Addition