2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # K32145 1. Entity Name RF INNOVATIONS, INC. 05-03-2001 90053 045 ***150.00 Principal Place of Business Mailing Address 3781 NW 114 LANE 12325 NW 35 ST CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0069959 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUKHIYAR, BASANT Street Address (P.O. Box Number is Not Acceptable) 3781 N W 114 LANE **CORAL SPRINGS FL 33065** 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. (NOTE: Registered Agent signature required when reinstating) 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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME RUKHAIYAR, BASANT STREET ADDRESS STREET ADDRESS 3781 N.W. 114TH LANE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition Delete TITLE NAME __ _ _ _ RUKHAIYAR, REKHA-STREET ADDRESS STREET ADDRESS 3781 N.W. 114TH LANE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:-

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR