2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # L32830 1. Entity Name TAMARIND INVESTMENTS, INC. 04-17-2001 90041 011 ***150.00 Principal Place of Business Mailing Address C/O JOSEPH DAHRUJ, JR. C/O JOSEPH DAHRUJ, JR. 7512 DR. PHILLIPS BLVD. SUITE 50-233 7512 DR. PHILLIPS BLVD. SUITE 50-233 ORLANDO FL 32819 ORLANDO FL 32819 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0168377 BRATION I FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYMOND, WILLIAM T ESQ Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition TITLE ☐ Delete JOSEPH DAHRUJ, JR. 1180 CELEBRATION BLVD. SUITE 105 CELEBRATION, PC 34747 DAHRUJ, JOSEPH JR NAME NAME 7512 DR. PHILLIPS BLVD., SUITE 50-233 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-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 indicated on this report or supplemental function of the corporation or the receiver or trustee in Block 11 or Block 12 if

SIGNATURE:

JUL JOSGPH DAITAUJJR.

4/10/01

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