FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # **L40710** 1. Entity Name USACO ENTERPRISES, INC. 02-08-2001 90378 002 ***150.00 Principal Place of Business Mailing Address 4520 EAUGALLE BLVD. 4520 EAUGALLE BLVD. MELBORUNE EL 32935 MELBORIINE EL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3092000 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GANDHI, HEMANT R. Street Address (P.O. Box Number is Not Acceptable) 442 LANTERN BACK ISLAND DR SATELLITE BEACH FL 32937 City 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 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PANDYA, SUMANT J. NAME STREET ADDRESS 315 N TROPICAL TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL TITLE ☐ Delete TITLE Change ☐ Addition NAME PANDYA, SNEHLATA S. NAME STREET ADDRESS STREET ADDRESS 315 N TROPICAL TR C!TY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete ☐ Addition TITLE ☐ Change NAME GANDHI, HEMANT R. NAME STREET ADDRESS STREET ADDRESS 442 LANTERNBACK ISLD DR CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH FL TITLE ☐ Delete TITLE ☐ Change Addition NAME GANDHI, PRATIBHA H NAME STREET ADDRESS STREET ADDRESS 442 LANTERNBACK ISLD DR CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GANDHI, PANKAJ R NAME STREET ADDRESS STREET ADDRESS 735 HANNA DR CITY-ST-7IP CITY-ST-ZIP MERRIT ISLAND FL ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.5.01 321-259-8400