## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

## Mar 27, 2001 8:00 am Secretary of State DOCUMENT # P0000009505 ANAPURNA CONTRACTING, INC. 03-07-2001 90163 001 \*\*\*900.00 Principal Place of Business Mailing Address 412 NE 4TH ST. 412 NE 4TH ST. FT. LAUDERDALE FL 33301 FT, LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State 4. FEI Number City & State 7867 Not Applicable Country **\$8.75** Additional Ζp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVENS, KENNETH G Street Address (P.O. Box Number is Not Acceptable) 412 NE 4TH ST. FT. LAUDERDALE FL 33301 Zio 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS Addition CR2E034 (10/00) Delete TITLE TITLE STEVENS, KENNETH G NAME NAME STREET ADDRESS STREET ADDRESS 412 NE 4TH ST. CITY-ST-ZIP FT. LAUDERDALE FL 33301 1879 CITY-ST-ZIP MARIO BLANCHET Delete TITLE ☐ Addition TITLE PLD 2808 NE 33 nd Ct. AA 103 NAME NAME STREET ADDRESS STREET ADORESS FT LAUDERDALE FL 333 OL CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 tath; 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.

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