2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DANIA FL 33004

3. Mailing Address

Suite, Apt. #, etc.

City & State

1150 S FEDERAL HWY

DOCUMENT # P00000019562

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1150 S FEDERAL HWY

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE .

DANIA FL 33004

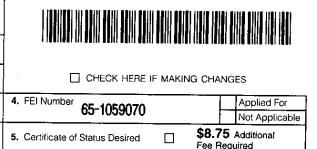
SHRI-RAM BUILDERS SUPPLY, INC.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90139 044 ***150.00

20027300



7. Name and Address of New Registered Agent

Trust Fund Contribution.

GOULD, RONALD Street Address (P.O. Box Number is Not Acceptable) 1150 S FEDERAL HWY DANIA FL 33004 City Zip Code

Country

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. I am familiar with, and accept the obligations of registered agent.

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(NOTE: Registered Agent signature required when reinstating)

FILE:NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition HITESH, DOSHI K NAME NAME STREET ADDRESS 1150 S FEDERAL HWY STREET ADDRESS CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

03-18-2003 (954)923-1488