FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am **DOCUMENT#** Secretary of State PRIYAH LIMITED, INC 05-11-2001 90307 035 \*\*\*158.75 Principal Place of Business Mailing Address 15589 S APOKA VINELAND RD 15589 S. APOKA VINELAND RD ORLANDO, IPL 32824 A0061865 ORLANDO, PL 32821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3635995 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. HAREANI RAJESH AVENUE Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA CURAL GABLES, FL 33134 Zip Code ORLANDO 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 RAJESH F. HARTANI RAJESH PRES SIGNATURE typed or printed name of registered agent and title if applicable. FILE NOW HEFEE IS \$150,00 A Ademia ( 1200) Fee will be \$550.00 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. Trust Fund Contribution. Added to Fees Make Check Bayable to Department of State. (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PISID TITLE ☐ Addition TITLE Change RAJESH F. HARJANI NAMF NAME 15589 S. APORA VINELAND RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 32821 ORLANDO, TITLE TITLE ☐ Change RAMESH HARTANI NAME NAME S. APOKA VINELAND 150 15589 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32821 TITLE ☐ Delete TITLE ☐ Change Addition HARSANI NAME NAME 15589 S. APOKA VINELAND STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ORLANDO, FL 32821 ☐ Delete TITLE Change TITLE ☐ 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 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR