2001 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2001 8:00 am Secretary of State DOCUMENT # P00000046909 1. Entity Name 05-10-2001 90097 045 ***150 00 **ULTRA DIMENSIONS, INC.** Principal Place of Business Mailing Address 3301 N.W. SOUTH RIVER DRIVE 3301 N.W. SOUTH RIVER DRIVE MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-4370162 Not Applicable Zip Country Country Zip \$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 KAREN KAINTH-SANDHU PLASKETT, MILES L ESQ. --Street Address (P.O. Box Number is Not Acceptable) 3301 NW SOUTH RIVER DR 200 SOUTH BISCAYNE BOULEVARD **SUITE 3410** MIAMI FL 33131 City MIAMI 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. KAREN KAINTH-SANDHU SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Addition TITLE TITLE Change KAINTH, HARBHAJAN S NAME NAME STREET ADDRESS 3301 N.W. SOUTH RIVER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** TITLE ☐ Delete TITLE Change **√** ¢ddition VICE-PRESIDENT NAME NAME KAREN KAINTH-SANDHU STREET ADDRESS STREET ADDRESS 3301 NW SOUTH RIVER DR. CITY-ST-ZIP CITY+ST-ZIP MIAMI, FL 33142 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 earn; 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.

4/27/01

305-635-1144

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