## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with a

SIGNATURE:

other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 17, 2002 8:00 am & Secretary of State P00000080726 DOCUMENT # 1. Entity Name TEKLIFE ENTERTAINMENT, INC. 05-17-2002 90026 037 \*\*\*150.00 Mailing Address Principal Place of Business 8929 N.W. 27TH AVENUE 8929 N.W. 27TH AVENUE **MIAMI FL 33147** MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business 320 -D Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-1040775 MIRAMAR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33023 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARDANA, ROBERT L ESQ. Street Address (P.O. Box Number is Not Acceptable) 9220 S.W. 72ND STREET SUITE 203 **MIAMI FL 33173** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Delete TITLE TITLE CLO SATINGAM MUSIC PLUS GOPAUL, KUMAR NAME NAME 8929 N.W. 27TH AVENUE STREET ADDRESS 6320-D MIRAMAR STREET ADDRESS MIRAMAR **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE GOPAUL KUMAR TO BBQBARN 117-05 NW 7 AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\* CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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

FILED