2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State P00000101186 DOCUMENT # 05-01-2002 91623 037 ***150.00 1. Entity Name COMPUZARD, INC. Mailing Address Principal Place of Business 8433 SOUTHSIDE BOULEVARD 8433 SOUTHSIDE BOULEVARD HAUT 1902 UNIT 1902 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 2884 TENNIS CLUB DR 3. Mailing Address 2884 TENNIS CLUB DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 702 City & State Applied For City & State 4. FEI Number 59-3679447 WEST PALM BEACH, FL WEST Not Applicable Zip 33417 Country Country 33417 \$8.75 Additional 5. Certificate of Status Desired U.SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAH SPIEGEL & UTRERA, P.A. dress (P.O. Box Number is Not Acceptable) THANKS CLUB OF #762 343 ALMERIA AVENUE CORAL GABLES FL 33134 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) ne of registered agent and little 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 After May 1, 2002 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) PSTD Change : TITLE Delete SHAH, SAURABH C SAURABH C NAME NAME SHAH, 2884 TENNIS CLUB DR. UNIT 702 8433 SOUTHSIDE BOULEVARD UNIT 1902 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 City-ST-ZIP 33417 CITY-SL-ZIP PALM BEACH TITLE ☐ Change · Delete TITI F NAME STREET DORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Chánce Addition TIÈLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TIDE 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 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.

FILED