## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 04, 2002 8:00 am Secretary of State P00000101938 DOCUMENT # 1. Entity Name 08-04-2002 90166 045 \*\*\*550.00 NATHANI ENGINEERING, INC. Principal'Place of Business Mailing Address 132 E. COLONIAL DRIVE #211 132 E. COLONIAL DRIVE #211 ORLANDO FL 32801-1236 ORLANDO FL 32801-1236 2. Principal Place of Business 3. Mailing Address S. BROAD ST. 717 · S. BROAD FIF Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3683724 BROOKSVILLE Not Applicable Brookenii Country Country \$8.75 Additional 5. Certificate of Status Desired AZU 601 Fee Required 34601 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VARGAS, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 132 E. COLONIAL DRIVE #211 ORLANDO FL 32801-1236 City Zip Code 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. SIGNATURE-Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (4/02) ☐ Addition TITLE Delete TITLE HALLMI, BULLING NAME NAME NATHANI. AMIN 717 S. BROND ST #22 STREET ADDRESS 4324 S. KIRKMAN ROAD #1101 STREET ADDRESS CJTY-ST-7IP BROOKSVILLE CITY-ST-ZIP ORLANDO FL 32811 Change Addition TITLE Delete TITLE NAME ALSWELTI, EYAD A NAME STREET ADDRESS STREET ADDRESS 12077 DIAGONES COURT CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL 32826 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 his 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE MEQUIFICATION NATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-34-05

(322) 7 44-01