Mar 19, 2001 8:00 am DOCUMENT # P00000110280 **Secretary of State** SITA RAMI & SONS. INC. 03-19-2001 90002 017 ***150.00 Principal Place of Business Mailing Address 7051 PENSACOLA BLVD 7051 PENSACOLA BLVD PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address CLEVELAND 11435<u>S</u>. 11435 S. CLEVELAND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1058266 FT. MYERS FT. MYERS Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33907 EE 339o7 LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARUN PATEL -PATEL, TARUN I Street Address (P.O. Box Number is Not Acceptable) AVE . 7051 PENSACOLA BLVD PENSACOLA FL 32505 339°07 FT. MYERS 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 Vice - President SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME PATEL. HARDEVBHAI D STREET ADDRESS STREET ADDRESS 7051 PENSACOLA BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Addition TITLE ☐ Delete NAME NAME PATEL, TARUN I STREET ADDRESS STREET ADDRESS 7051 PENSACOLA BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME PATEL, ISHVARBHALD STREET ADDRESS STREET ADDRESS 7051 PENSACOLA BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Change Addition TITLE Delete TITLE 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

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATEL TARUN

☐ Delete

☐ Change

☐ Addition