FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90782 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014774

1. Entity Name

ENIGMA ARTS INC.

642199

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
522 S. HUNT CLUB BLVD	522 S. HUNT CLUB BLVD
Suite, Apt. #, etc. # 359	Suite, Apt. #, etc. # 359
City & State APOPKA, FL	City & State APOPKA, FL
Zip 32703 Country USA	Zip 32703 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593736371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RAJNISH BULSARA

Street Address (P.O. Box Number is Not Acceptable)

522 S. HUNT CLUB BLVD # 359

City APOPKA FL Zip Code 32703

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. RAJNISH BULSARA 211 CANTER CLUB TRAIL LONGWOOD, FL 32779
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-16-02 407 869 1242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #