2002 UNIFORM BUSINESS REPORT (UBR)

Sep 19, 2002 8:00 am Secretary of State P01000023835 DOCUMENT # 1. Entity Name 09-19-2002 90162 030 ***150.00 ALPS RESOURCES BANKERS, INC. Principal Place of Business Mailing Address 292 SOUTH COUNTY ROAD STE 109 292 SOUTH COUNTY ROAD STE 109 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-112008 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMPADARUTH, AMAL Street Address (P.O. Box Number is Not Acceptable) 292 SOUTH COUNTY ROAD STE 109 FALM BEACH FL 33480 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. \Box (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE CR2E034 (4/02) Change ☐ Addition RAMPADARUTH, AMAL NAME 292 SOUTH COUNTY ROAD STE 109 STREET ADDRESS STREET ADDRESS Change CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE CEO ☐ Delete TITLE Change ☐ Addition NAME RAMPADARUTH, AMAL NAME STREET ADDRESS 292 SOUTH COUNTY ROAD STE 109 STREET ADDRESS CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME RAMPADARUTH, JADOOMANEE NAME STREET ADDRESS 292 SOUTH COUNTY ROAD STE 109 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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SICIV/ SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR

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.

SIGNATURE:

Attachnent P#P01000023835

Department of State, Divson of Corporations P.O.Box 6327 Tallahassee Fl 32314

Monday, September 16, 2002

Dear Sir,

Please find herewith enclosed the Uniform Business Reports and a fee of One Hundred and Fifty Dollars for ach company.

It would be appreciated if you would accede to our request for a waiver of the penalty as I had nor received the previous correspondence to that effect. This may be due to a confusion between our mailing address and our street address. Anyway , we have taken the appropriate steps so that out mailing address would rmain at 292 South County Road, Suite 109 Palm Beach, lorda 380

Thanking you in anticipation

Jadoomanee Rampadaruth

Secretary for all the companies.