FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P01000028935 DOCUMENT # 1. Entity Name 05-22-2002 90166 027 ***150 00 SUNFLOWER PROPERTY MANAGEMENT, INC. Mailing Address Principal Place of Business 1525 NW 3RD ST. SUITE #14 1525 NW 3RD ST. SUITE #14 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business DR 12693 TORBAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State FLA City & State Not Applicable 65-1115609 BOCA - RATON \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 33428 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANZUEUL IS LAM Street Address (P.O. Box Number is Not Acceptable) HAQUE, ABUL K 1525 NW 3RD ST, SUITE #14 12693 TORBAY DRIVE **DEERFIELD BEACH FL 33442** Zip Code 33428 BOCA - RATON 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 MANZURUL SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS **☆** Addition 11. PRESIDENT / SECRATBRY TITLE Delete TITLE MANZURUL ISLAM NAME NAHID. FATIMA NAME 12693 TORBAY DR. BOCA-RATON . FLA-33428. STREET ADDRESS 12693 TORBY DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME HAQUE, ABUL K NAME STREET ADDRESS 1525 NW 3RD ST, SUITE #14 STREET ADDRESS CITY-ST-7IP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE

13. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1-8-02