2003 FOR PROFIT CORPORATION

FILED Sep 11, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P01000035652 DOCUMENT # 09-11-2003 90087 014 ***150.00 TANDOOR FINE INDIAN CUISINE, INC. Principal Place of Business Mailing Address 11422 STATE ROAD 84 14115 LANGLEY PLACE **BAY 26** DAVIE FL 33325 DAVIE FL 33325 3. Mailing Address S.R 2. Principal Place of Business 84 11422 SR84 11422 Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Bray City & State Applied For 4. FEI Number FL. FL. 65-1090948 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERMA, SANDEEP Street Address (P.O. Box Number is Not Acceptable) 14115 LANGLEY PL ** DAVIE FL 33325 City Zip Code 8. The above named entities ubmits 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWITH FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition ☐ Delete VERMA, SANDEEP NAME NAME STREET ADDRESS 14115 LANGLEY PLACE STREET ADDRESS **DAVIE FL 33325** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T!TI F Change Addition NAME SINGH, HARINDER NAME STREET ADDRESS **683 LONE PINE LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 Delete TITLE TITLE Addition NAME NAME

12. 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 eath; 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 thay my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all pither like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

954-370-4750

☐ Change

☐ Addition

DIV. DE CORPORATIONS DIAR Sia/MADAM. . WE WOULD REQUEST THAT DUR LATE FEE BE WE DID NOT PECEIVE ANY PRIOR Notice. Condition Vine

(Smoose President Indoor