2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # P01000058887 1. Entity Name 03-28-2002 90356 046 ***150.00 MOHAK, INC. Principal Place of Business Mailing Address 5555 21ST WAY S. 5555 21ST WAY S. ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address 5555 21st Suite, Apt. #, etc. ==Suite: Apt. #, etc. __DO,NOT.WRITE,IN,THIS,SPACE 2504 City & State 4.5ELNumber 73735379 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired fire 145 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GENTRY, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1640 ST. PAULS DR. CLEARWATER FL 33764 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition THAKKAR, PANKAJ M NAME NAME 5555 21ST WAY S. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33712 CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME THAKKAR, DHARMISTA P NAME STREET ADDRESS STREET ADDRESS 5555 21ST WAY S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 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 Change Addition 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

SPania Tom & Thatean