FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State

1. Entity Name	ENT # P0100008 UPA HOSPITALIT				02-	21-2003 90171 022 ***150.00		
DO NOT WRITE IN THIS SPACE					90032278			
2. Principal Place of Business		3. Mailing Address 211 S KINGSHIGHWAY Suite, Apt. #, etc.			BO NOT WE	TE IN THIS SPACE		
Suite, Apt. #, etc.		PO BOX 607			DO NOT WRITE IN THIS SPACE A FEI Number Applied For			
City & State		City & State SIKESTON MO			4. FEI Number 59-3740330	Not Applicable		
Zip Country		Zip 63801	Country		5. Certificate of Status Desired Status Desired Fee Required			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO NOT WRITE IN				7. Name and Address of Curre	nt Registered Agent		
<i>ार्ड में शिक्ती</i>	DOMA IZANZINEZNIK			Name	BMATT, DEVANG V			
	BRAHMBMATT, DEVANG V Street Address (P.O. Box Number is Not Acceptable) 830 LEE RD							
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				City ORLAN	00	FL Zip Code 32810		
1	d - 4th - Amita this states	ment for the purpose of	changing its re	aistered office	or registered agent, or both, in the	State of Florida. I am familiar with,		
and accept	the obligations of registered ag	ent.		•	ed Agent signature required when reinsta	4		
• • • • •	Signature, typed or printed name of re	egistered agent and title if	applicable.	(NOTE: Registere	ad Agent signature required when remain			
	uary 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departmen	t of State.			9. Election Campaign Trust Fund Contribu			
, 10.	Payable to Floride Department							
, 10-	OFFICERS AN	ID DIRECTORS	88 mg					
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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 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 10 or on an attachment with an address, with all other like empowered.

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SIGNATUR

DEVANG BRAHME TED NAME OF SIGNING OFFICER OR DIRECTOR 704-525-2626

Daytime Phone #

Date

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