FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State P01000086225 DOCUMENT # 1. Entity Name 02-27-2002 90079 045 ***150.00 B AND B INTERNATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address 219-F FOXTAIL DRIVE 219-F FOXTAIL DRIVE 44200 WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 748 | GREENVILLE CIR 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City'& State 4. FEI Number Applied For 133921 WORTH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 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. PENDRA SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE Change PTD PATEL, BHUPENDRA NAME NAME 7481 GREENVILLE CIR 219-F FOXTAIL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WONTH FL 3346 CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete TITLE Addition CE₀ NAME CHABRIA, BANSI NAME GAREAVILUE CIR 219-F FOXTAIL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 Delete TITLE 🚰 ange ☐ Addition TITLE SD NAME CHABRIA, BANSI STREET ADDRESS STREET ADDRESS 219-F FOXTAIL DRIVE CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33415 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST:ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (A+8 L (MS. X 2-/3-02 Sd/-967-044)