FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089671

666646

1. Entity Name

SPRINGVALE USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1025 S. SEMORAN BLVD	1025 S. SEMORAN BLVD
Suite, Apt. #, etc. 1093	Suite, Apt. #, etc. 1093
City & State WINTER PARK FL	City & State WINTER PARK
Zip 32792 Country USA	Zip 32792 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SNEHA PATEL

Street Address (P.O. Box Number is Not Acceptable): 1025 S. SEMORAN BLVD., SUITE 1093

City: WINTER PARK FL Zip Code: 32792

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: _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when agent changed)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	PATEL, PRAVINCHANDRA 1025 S. SEMORAN BLVD., SUITE 1093 WINTER PARK, FL 32792
V	PATEL, SNEHA 1025 S. SEMORAN BLVD., SUITE 1093 WINTER PARK, FL 32792
S	PATEL, NAYANA 1025 S. SEMORAN BLVD., SUITE 1093 WINTER PARK, FL 32792

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pravin Patel President. 4/29/02 (407) 679 0595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #