## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State

| DOCUMENT # P  1. Entity Name  Dagina Jewele  | 0100010748<br>urs Internationa  | l, Inc-  | 05-27-2002 90423  |   |  |                                     |                            |   |               |
|--|---|--|---|---|--|-------------------------------------|----------------------------|---|---------------|
| DO NOT WRITE   | IN THIS SPA   | <b>ACE</b>   |   |   |  |                                     |                            |   |               |
| 2. Principal Place of Business [0119] Sunset Strip 3. Mailing Address  |   |  |   |   |  |                                     |                            |   |               |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |  | DO NOT WRITE IN THIS SPACE  |   |  |                                     |                            |   |               |
| City & State Synry'se FL   | City & State  |  | Applied For Not Applied For Not Applied For   |   |  |                                     |                            |   |               |
| FL 33372 Country SA  | Zip Country   |  | 5. Certificate of Status Desired  \$  | Not Applicable 8.75 Additional                                  |  |                                     |                            |   |               |
| 7/1/2  |   |  | 7. Name and Address of Current Registered A   | ee Required<br>Agent  |  |                                     |                            |   |               |
| DO NOT WRITE<br>IN THIS SPACE  |   | Street Address (P.O. Box Number is Not Acceptable) |   |   |  |                                     |                            |   |               |
|  |   |  |   |   |  |                                     | City                       | FL  | Zip Code      |
|  |   |  |   |   | 8. The above named entity submits this statement for | or the purpose of changing its regi | stered office or registere | ed agent, or both, in the State of Florida. | <del></del> - |
| SIGNATURE  |   |  |   | İ   |  |                                     |                            |   |               |
| Signature, typed or printed name of registered agent   |   | stered Agent signature required (                  | when reinstating) DATE  |   |  |                                     |                            |   |               |
| 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 After May 1, Fee is \$55 Amended UBR is \$61 Make Check Payable to Depart   |   | ee is \$550,00<br>R is \$61,25                     | 10. Election Campaign Financing Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees                                  |  |                                     |                            |   |               |
| TILE OFFICERS AND  |   |  |   |   |  |                                     |                            |   |               |
| NAME Egbal Virani  |   | FITLE<br>NAME                                      |   | 201   |  |                                     |                            |   |               |
| STREET ADDRESS 10119 Scanset Strip<br>CITY-ST-ZIP Summise FL 333   |   | STREET ADORESS<br>City-St-Zep                      |   | CR2E034B (12/01)  |  |                                     |                            |   |               |
| TITLE SUMMISE FL 333   |   | ITLE   |   |   |  |                                     |                            |   |               |
| NAME NAME STREET ADDRESS   |   | "  |   | 8   |  |                                     |                            |   |               |
| CITY CT. TD.   |   | STREET ADDRESS<br>CITY-ST-ZIP                      |   |   |  |                                     |                            |   |               |
| TITLE  | 1   | m <b>u</b>   |   |   |  |                                     |                            |   |               |
| NAME NAME STREET ADDRESS STREET  |   | IAME<br>TREET ADDRESS                              |   |   |  |                                     |                            |   |               |
| CITY-\$1.2P  |   | HY-ST-ZP   | DO NOT WRIT   | E   |  |                                     |                            |   |               |
| TITLE TITLE NAME NAME  |   | 1  | IN THIS SPACE   |   |  |                                     |                            |   |               |
| STREET ADDRESS   |   | TREET ADDRESS                                      |   | <b>-</b>  |  |                                     |                            |   |               |
| CITY-ST-ZIP TITLE  |   | ITY-ST-ZIP   |   |   |  |                                     |                            |   |               |
| NAME   |   | TTLE AME   |   |   |  |                                     |                            |   |               |
| STREET ADDRESS CITY-SI-ZIP   |   | TREET ADDRESS                                      |   |   |  |                                     |                            |   |               |
| ₹ПLE   |   | TLE  |   |   |  |                                     |                            |   |               |
| NAME \\ STREET ADDRESS   | N   | AME  |   |   |  |                                     |                            |   |               |
| CITY-ST-ZIP  |   | TREET ADDRESS TY-ST-2IP                            |   |   |  |                                     |                            |   |               |
| 13. I hereby certify that the information supplied with<br>indicated on this report or supplemental report is<br>of the corporation or the receiver or trustee empo<br>attachment with an address, with all other like emporation. | this filing does not qualify for the extrue and accurate and that my sign | cemption stated in Secti                           | ion 119.07(3)(i), Florida Statutes. I further certify to<br>me legal effect as if made under oath; that I am a<br>Florida Statutes; and that my name appears in | hat the information<br>officer or director<br>Block 11 or on an |  |                                     |                            |   |               |
| SIGNATURE: DIVANO SIGNATURE AND TYPED OR PR  | CIQBAL VIRAX  | ) PTD  | 04/26/02 954-7<br>Date Daytine  | 146-5540<br>Prone #   |  |                                     |                            |   |               |