2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 24, 2003 8:00 am Secretary of State DOCUMENT #_ P02000009315 04-24-2003 90211 029 ***150.00 VANIA INCORPORATED OF PALM BEACH Principal Place of Business Mailing Address 3131 VILLAGE BLVD. 3131 VILLAGE BLVD. # 108 # 108 W PALM BEACH FL 33409 W PALM BEACH FL 33409 2. Principal Place of Business Mailing Address DANIG ☐ CHECK HERE IF MAKING CHANGES Pa 4. FEI Number Applied For Not Applicable \$8.75 Additional Beud 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VANIA, JAGDISH Box Number is Not Acceptable) 3131 VILLAGE BLVD # 108 W PALM BEACH FL 33409 sate tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity submits. the obligations of regimered agent SIGNATURE ! printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE ☐ Delete LE N'a VANIA, JAGDISH NAME NAME 3131 VILLAGE BLVD. # 108 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-7IP CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE (Objid D Change VANIA, GOBIND NAME NAME STREET ADDRESS 3131 VILLAGE BLVD # 108 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE SEC. □ Delete TITLE ■ Strange ☐ Addition NAME vania, shanta NAME STREET ADDRESS STREET ADDRESS 3131 VILLAGE BLVD # 108 CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Addition TITLE Defete -TITLE 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-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 Block 11 if

SIGNATURE:

changed, or on an attachment with an

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-REQUIRE NO TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR