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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2003 8:00 am Secretary of State P02000026384 DOCUMENT # 04-25-2003 90136 003 ***150.00 1. Eritity Name ALOK, INC. Principal Place of Business Mailing Address 248 RUBY LAKE LANE 248 RUBY LAKE LANE WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address 36949 Blanton Road Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Dade City, FL Not Applicable 75-3027141 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>33523-2206</u> - 7... Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rajendra J. Patel ANGUS, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 1362 HAVENDALE BLVD. WINTER HAVEN FL 33881 248 Ruby Lake Lane Winter Haven 33884 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Rajendra J. Patel, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 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 Delete President ₹ Change ☐ Addition TITLE PATEL, RAJENDRA J NAME NAME STREET ADDRESS 248 RUBY LAKE LANE STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP Vice President Change ★ Addition TITLE ☐ Delete TITLE NAME NAME Amita Patel STREET ADDRESS STREET ADDRESS 248 Ruby Lake Lane CITY-ST-ZIP CITY-ST-ZIP Winter Haven, FL Deletê ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rajendra MA PatelE REQUIRE