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Secretary of State
04-07-2003 91030 037 ***150.00

55029236

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000035755

1. Entity Name
NAIKS SERVICES USA, INC.

Principal Place of Business	Mailing Address
% GRANT KAPLAN 20283 STATE ROAD 7 #400 BOCA RATON, FL 33498	% GRANT KAPLAN 20283 STATE ROAD 7 #400 BOCA RATON, FL 33498

2. Principal Place of Business	3. Mailing Address
	Box 5032
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Deerfield Beach FL
Zip / Country	Zip: 33442 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0421080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	Name: NAIK S Street Address (P.O. Box Number Is Not Acceptable): 130 NE 4TH Ave City: Deerfield Beach FL Zip Code: 33441

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: [signature] 4 · 1 · 07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[illegible]

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAIK, S. S 20283 STATE ROAD 7 #400 BOCA RATON, FL 33498 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUPT ☐ Change ☒ Addition
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CR2E034 (10/02)

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: [signature] 4/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #