FILED
Sep 11, 2003 8:00 am
Secretary of State
09-11-2003 90098 029 ***550.00

80147370

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000050259

1. Entity Name
LODHI METALS (USA) INC.

Principal Place of Business	Mailing Address
3501 W VINE ST, STE 322-B KISSIMMEE, FL 34742	3501 W VINE ST, STE 322-B KISSIMMEE, FL 34742

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	5281 NEPTUNE BAY CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ST. CLOUD FLORIDA.
Zip / Country	Zip: 34769 / Country: U.S.A.

4. FEI Number: 52-2372276 — ☐ 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
LODHI, SOHAIL 2218 GRAND CAYMAN CT #1337 KISSIMMEE, FL 34741	Name: Street Address (P.O. Box Number Is Not Acceptable): 5281 NEPTUNE BAY CIR City: ST. CLOUD FL Zip Code: 34769

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR fee $61.25
Make Check Payable to Florida Department of State

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	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	LODHI, SOHAIL	NAME	SOHAIL LODHI
STREET ADDRESS	2218 GRAND CAYMAN CT #1337	STREET ADDRESS	5281 NEPTUNE BAY CIR
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	ST. CLOUD FL 34769
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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-ZIP	

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