FILED

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

## Apr 03, 2003 8:00 am Secretary of State DOCUMENT # P02000131365 04-03-2003 90119 028 \*\*\*150.00 1. Entity Name INDUNA, INC. Principal Place of Business Mailing Address 2200 NE 66TH ST #1412 2200 NE 66TH ST #1412 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 30-0146<u>63</u>2 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL C. KLASFELD, P.A. Street Address (P.O. Box Number is Not Acceptable) 2424 NE 22ND ST POMPANO BCH FL 33062 Edition City Zip Code 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 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 ☐ Addition TITLE TPST ☐ Delete NAME GREENSTEIN, THELMA T STREET ADDRESS STREET ADDRESS 2200 NE 66TH ST #1412 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 TITI F י ח ☐ Delete TITLE ☐ Change ■ Addition NAME GREENSTEIN, THELMA T NAME STREET ADDRESS STREET ADDRESS 2200 NE 66TH ST #1412 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE T)T) F ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete 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

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.