## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P93000009637 1. Entity Name DOVE ENVIRONMENTAL CORPORATION 01-30-2001 90194 031 \*\*\*150.00 Principal Place of Business Mailing Address 4715 NW 157TH STREET 4715 NW 157TH STREET SUITE 203 SUITE 203 00012719 MIAMI FL 33014 MIAMI FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-038 190 1 Not Applicable 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 Name RAMNATH, RAJENDRANATH Street Address (P.O. Box Number is Not Acceptable) **4715 NW 157TH STREET** SUITE 203 **MIAMI FL 33014** Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition NAME WHALEN, JAMES MATTHEW NAME STREET ADDRESS STREET ADDRESS 1717 N. BAYSHORE DR., STE, 3357 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL PRESIDENT TITLE PT ☐ Delete TITLE ☐ Addition RAMNATH, RAJENDRAMATH 155221 SW 46 CT., NAME RAMNATH, RAJENDRANATH NAME STREET ADDRESS 2836 ISLAND DR STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 MIRAMAR FL CITY-ST-ZIP PICE PRESIDENT. VICE PRESIDENT TITLE Delete TITLE - - -Addition-RAMNATH, ANGELA 155221 SW 46 CT. NAME RAMMATH, ANGELA 150015W 46 CT. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, PL 33027 CITY-ST-ZIP MIRAMAR, FL 33027 TITLE ☐ Delete 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: