2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 8:00 am Secretary of State DOCUMENT # P93000044897 DEEPA INVESTMENT, INC. 01-11-2001 90054 040 ***150.00 Mailing Address Principal Place of Business 1503 S ATLANTIC AVE 1503 S ATLANTIC AVE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 600811 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATEL, ARUNBHAI Street Address (P.O. Box Number is Not Acceptable) 1503 S ATLANTIC AVE **DAYTONA BEACH FL 32118** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARUNBHAI, PATEL NAME 1503 S. A1A STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE PANNA, PATEL NAME NAME 1503 S. A1A STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an aldress, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ARUNBHAI