FILED 2002 Uniform Business Report (UBR) May 21, 2002 8:00 am Secretary of State OCUMENT # P93000061250 Entity Name 05-21-2002 90889 038 ***150.00 NAGE CORPORATION ncipal Place of Business Mailing Address 251 S STATE ROAD 7 1 S STATE ROAD 7 PLANTATION FL 33317 antation FL 33317 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # jetc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0431095 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 adrian h snagg Street Address (P.O. Box Number is Not Acceptable) 7341 NW 43 RD CT LAUDERHILL FL 33317 Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Signature, typed or priviled hand of registered agent and fille it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Change PTD ☐ Delete TITLE 18 PATEL, ASHOK NAM! EET AODRESS STREET ADDRESS 251 SO. STATE ROAD 7 -51-24 CHY-SI-ZIP PLANTATION FL 33317 ☐ Addition ☐ Delete Change (F PATEL, DAKSHA NAM EET ADDRESS 251 SO. STATE ROAD 7 STREET LADDRESS r-57-21P PLANTATION FL 33317 CITY ST-ZIP ☐ Delete DILE Change Addition ADRIAN H SNAGG NAME EET ADDRESS STREET ADDRESS 7341 NW 43RD CT -ST-ZIP CITY ST-ZIP LAUDERHILL FL C range ☐ Delete TITLE ■ Addition ŧΕ NAME PATEL, SHANABHAI M EET ADDRESS STREET ADDRESS **251 S. STATE RD** 7 -31-21 CHY-ST ZIP PLANTATION FL Addition ☐ Indate Change HILL NAMI EET ADURESS STREET ADDRESS - ST-719 CHY ST-ZIP ☐ Delete THRE Change Addition NAME STREET ADDRESS EET AUDRESS CITY-ST-ZIP 1-ST-ZIP 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 attackine of with an address, with all other like empowered.

 $\mathsf{IGNATURE}: \mathfrak{O}$

954-584-2088