2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 01, 2001 8:00 am Secretary of State DOCUMENT # **P93000084310** 1. Entity Name AVISTA PROPERTIES II. INC. 05-01-2001 90127 047 ***158.75 Principal Place of Business Mailing Address 5353 CONROY ROAD 5353 CONROY ROAD SUITE 200 SUITE 200 ORLANDO FL 32811 ORLANDO FL 32811 US 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 Fo 59-3221572 Not Applicable Zip Country 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 VALBH, ANIL Street Address (P.O. Box Number is Not Acceptable) 5353 CONROY RD. SUITE 200 ORLANDO FL 32811 City Zio 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, typed or printed name of registered agent and title if applicable (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE NAME VALBH, ANIL NAME STREET ADDRESS STREET ADDRESS 5353 CONROY ROAD CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NANA, AJIT NAME STREET ADDRESS 5353 CONROY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32811 11115 ☐ Delete TIT: F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE F ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Acdition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TATUE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 address, with in other life to provide the corporation of the corporation of the corporation of 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 its other life to the corporation of the corporation of the corporation of the corporation of the receiver of 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 its other life to the corporation of the c

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME IGNING OFFICER OR DIR