2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P9400001963 Mar 01, 2000 8:00 am **Secretary of State** NPR INVESTMENTS, INC. 03-01-2000 90063 026 ***150.00 Principal Place of Business Mailing Address 6316 TIMCUNANS DRIVE 2600 LOOP RD LAKELAND FL 33813-3797 AUBERNDALE FL 33823 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3222541 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U.5 A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, NILESH Street Address (P.O. Box Number is Not Acceptable) 6316 TIMUCUANS DRIVE LAKELAND FL 33813 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 PD Change Addition TITLE TITLE Delete PATEL, NILESH NAME NAME STREET ADDRESS 6316 TIMUCUANS DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP Addition TITLE ☐ Change ☐ Del∈te TITLE PATEL, RAJESH NAME STREET ADDRESS STREET ADDRESS 77, ORTLEY CT CITY-ST-ZIP CITY-ST-ZIP MATAWAN NJ 07747 Change Addition ☐ Delete TITLE PATEL MANISHA NAMĒ NAME STREET ADDRESS STREET ADDRESS 2600 LOOP RD CITY-ST-ZIP CITY-ST-ZIP AUBERNDALE FL 33823 ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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