2002 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2002 8:00 am Secretary of State P94000016747 DOCUMENT # 1. Entity Name 01-22-2002 90095 017 ***150.00 SANGAR, INC. Principal Place of Business Mailing Address 9127 KILGORE RD. 9127 KILGORE RD. ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address SUNDIAL LAME 2000 W. CHUICH 7741 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3227204 orignou, Pr ORLANDO, FL. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32809 ORANGE ORANGE 32819 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARISH SHAH SHAH, VARSHA Street Address (P.O. Box Number is Not Acceptable) 7741 SUNDIAL WAY 7741 SUMDIAL LASTE ORLANDO FL 32819 Zip Code 32819 City OPLANOO 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 (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 PSTD, VPD. CR2E034 (9/01) X Addition **VPD** TITI F Delete TITLE NAME HARISH SHAH SHAH, VARSHA NAME STREET ADDRESS 7741 SUNDIAL WAY 7741 SUMDIAL LAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32819 ORLANDU - PL. 32819 ☐ Addition ☐ Change TITLE PSTD Delete TITLE NAME MARISH, SHAH NAME STREET ADDRESS STREET ADDRESS 7741 SUNDIAL WAY CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

407-948-0521

FILED