

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90125 045 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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| <b>DOCUMENT #</b> P94000035228 ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>1. Entity Name</b><br>Varsha Enterprises inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>Principal Place of Business</b><br>350 W. Indiantown Rd<br>Jupiter FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | <b>Mailing Address</b><br>Same                                                                                                          |                                                                                                                                      |                                                                                                        |
| <b>2. Principal Place of Business</b><br>350 W. Indiantown Rd<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | <b>3. Mailing Address</b><br>Same<br>Suite, Apt. #, etc.                                                                                |                                                                                                                                      |                                                                                                        |
| <b>City &amp; State</b><br>JUPITER FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | <b>City &amp; State</b>                                                                                                                 |                                                                                                                                      | <b>4. FEI Number</b><br>X 65-0490647                                                                   |
| <b>Zip</b><br>33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Country</b><br>USA                                                      | <b>Zip</b>                                                                                                                              | <b>Country</b>                                                                                                                       | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| <b>6. Name and Address of Current Registered Agent</b><br>RASLIN SHAH, P.A.<br>1069 Cheney Hwy.<br>TITUSVILLE, FL 32780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                                         | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                                                        |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                                                                                                                                      |                                                                                                        |
| <b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>11. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>President</b><br>VARSHA SHAH<br>109 RAINTREE TRAIL<br>JUPITER, FL 33458 | <input type="checkbox"/> Delete                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                                                      |                                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                                                      |                                                                                                        |
| <b>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.</b> |                                                                            |                                                                                                                                         |                                                                                                                                      |                                                                                                        |
| <b>SIGNATURE:</b> Varsha Shah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | <b>VARSHA SHAH</b>                                                                                                                      |                                                                                                                                      | <b>2-7-01</b> <b>561-744-9000</b>                                                                      |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | <small>Date</small>                                                                                                                     |                                                                                                                                      | <small>Daytime Phone #</small>                                                                         |

CR2E034 (11/00)