FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2000 8:00 am Secretary of State DOCUMENT # **P9400056069** 1. Entity Name JAI-AMBE, INC. 03-08-2000 90072 040 ***150.00 Principal Place of Business Mailing Address 133 SOUTH OCEAN AVE. :: SOUTH OCEAN AVE. 00029161 BEACH FL 32118 DAYTONA BEACH FL 32118-4321 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3262176 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, NARENDRA Street Address (P.O. Box Number is Not Acceptable) 133 SOUTH OCEAN AVENAUE DAYTONA BEACH FL 32118 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE PATEL, TAYESH 133 S. OCEAN AVE PATEL, NARENDRA NAME STREET ADDRESS STREET ADDRESS 133 SOUTH OCEAN AVE. DAYTOMA BEACH, PL 32418 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Change ☐ Addition Delete TITLE TITLE PATEL, JAYESH NAME NAME 133 SOUTH OCEAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAYTONA BEACH FL 32118** ☐ Change Addition ST Delete TITLE PATEL, JYOTSNA NAME STREET ADDRESS STREET ADDRESS 133 SOUTH OCEAN AVE. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE [] Change Addition TITLE TITLE Defete NAME STRÈET 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/21/2000

904-253-0666

☐ Change

☐ Addition

Daytime Phone #