FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P94000094210 DOCUMENT # 1. Entity Name TEETA INTERNATIONAL, INC. 05-22-2002 90230 047 ***150.00 Principal Place of Business Mailing Address 2007 OAKVIEW CIR PO BOX 701243 #701243 #2007 ST. CLOUD FL 34770 ST CLOUD FL 34769 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3287426 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUSSAIN, GULTAJ Street Address (P.O. Box Number is Not Acceptable) 2007 OAKVIEW CIR ST CLOUD FL 34769 Zip Code City FL 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, 2002 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 ☐ Addition ☐ Delete TITLE TITLE HUSSAIN, GULTAJ NAME NAME 2007 OAKVIEW CIR STREET ADDRESS STREET ADDRESS ST CLOUD FL 34769 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE abullah, shah NAME NAME 2007 OAKVIEW CIRCLE STREET ADDRESS STREET ADDRESS SAINT CLOUD FL 34769 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME .- -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.