FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # P95000033702 **Secretary of State** 1. Entity Name 02-13-2002 90162 043 ***150.00 JAMIE LOTUS, INC. Principal Place of Business Mailing Address 19230 NW 87TH PLACE 19230 NW 87TH PLACE MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0573645 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIEL A. GOLDSTEIN **GOLDSTEIN, DANIEL A** 241 SEVILLA AVENUE., SUITE 805 CORAL GABLES FL 33134 8. The above named e nging its registered office or registered agent, or both, in the State of Florida DANIEL A. GOLDSTEIN ne 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE Change Addition NAME CHUAINDHARA, RANGSAN NAME CR2E034 STREET ADDRESS 19230 NW 87TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP TITLE ٧D ☐ Delete TITLE Change Addition NAME CHUAINDHARA, TASSANA NAME STREET ADDRESS 19230 NW 87TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 Delete TITLE TITLE Change ☐ Addition NAME CHUAINDHARA, V. J NAME STREET ADDRESS STREET ADDRESS 19230 N.W. 87 PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 TITLE ☐ Delete TITLE ☐ Change Addition NAME 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 TITLE ☐ Defete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ail other like empowered.

SIGNATURE: