2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

ING OFFICER OR DIRECTOR

IGNATURE AND TYPED OR PRINTED NAME OF S

May 14, 2001 8:00 am Secretary of State DOCUMENT # P95000068219 1. Entity Name KARAN INTERNATIONAL, INC. 05-14-2001 90010 030 ***150.00 Principal Place of Business Mailing Address 14507 VELLEUX DR 14507 VELLEUX DR ORLANDO FL 32824 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3337346 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNIL TARNETA, STAMP, MARTIN F Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH ORANGE AVENUE SUITE 900 VELLEUX DRIVE ORLANDO FL 32801 Zip Code 32837 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 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete ☐ Addition TITLE TITLE NAME IRNEJA, SUNIL NAME CHAUHAN, SHAMSHER R STREET ADDRESS STREET ADDRESS 10705 ROCKET BOULEVARD, SUITE 101 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition Delete ☐ Change TITLE **VP** TITLE NAME NAME SUJATA TARNEJA STREET ADDRESS STREET ADDRESS 14507 VELLEUX DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO_FL_32837 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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