2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P95000086204 1. Entity Name LOKIT INVESTMENT, INC. 01-25-2000 90089 041 ***150.00 Principal Place of Business Mailing Address BHARAT R. SHAH 2512 ORANGE AVENUE 1885 W. COMMERCIAL BLVD., SUITE 190 FT. PIERCE FL 34947 FT. LAUDERDALE FL 33309-7112 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0623862 Not Accom-Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAH, BHARAT R Street Address (P.O. Box Number is Not Acceptable) 1831 W. EAGLETRACE BLVD. CORAL SPRINGS FL 33071 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. <u>Jan. 18, 2000</u> FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Additio TITLE □ Delete SHAH, BHARAT R NAME NAME STREET ADDRESS STREET ADDRESS 1831 W. EAGLE TRACE BLVD. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33071 Change Additio TITLE Delete SHAH, SUNITA B NAME STREET ADDRESS STREET ADDRESS 1831 W. EAGLE TRACE BLVD. CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33071-1 ☐ Change ☐ Additio ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P ☐ Change ☐ Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additio ☐ Delete

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 attackment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTEDWAMP OF SIGNING OFFICER OR DIRECTOR

☐ Delete

HARAT R SHAH 1/8/2000 954 77676

Change

☐ Additio