2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600028005 1. Entity Name ANJULI'S CREATIONS, INC.				May 15, 2000 8:00 an Secretary of State
Principal Plac	e of Business	Mailing Address		
8088 W MCNAE BAY A-1 NORTH LAUDE	- 11-	8088 W MCNAB RD BAY A-1 NORTH LAUDERDALE FL 330	968-4255	
7186	PAW 08 WN S	3. Mailing Address T(86 NH 86 Suite, Apt. #, etc.	y Way	DO NOT WRITE IN THIS SPACE
City & State City & State Tan AAX				4. FEI Number 65-0667314 Applied For Not Applicable
Zip 3 3 3		Zip 3332-1	Country U S A	
	5. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
Nam				NARAINE, SHRIDAT C.
NARAINE, SHRIDAT C 8088 W MCNAB RD BAY A-1				Address (P.O. Box Number is Not Acceptable)
NOR	TH LAUDERDALE FL 33068		City	TAMBRAC FL Zip Code 3333
•	Signature, typed or pinted name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.		Registered Agent signature	Second To. Election Campaign Financing \$5.00 May Be
_	ria on back)	Make Check Payable		t ingati una communation. 🗀 Augea to Lees
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Naraine, Shridat C 8088 W McNab RD North Lauderdale Fl 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NARAME, SHRIOMT C 7186 N N 80 NNY TOMBER FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARAINE, PREADARSHNI V 8088 W MCNAB RD NORTH LAUDERDALE FL 33068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARAUNE PREADORSHITE 7186 NW 80 WAY TAMARAC PL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
13. I hereby o	lan this concet or supplemental concet is to	us and assurate and that my	the exemption state	Lated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR