2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600056034. May 04, 2000 8:00 am Secretary of State 1. Entity Name JALEEL AND SALEEMA KHAN, INC. 05-04-2000 90131 009 ***150.00 Principal Place of Business Mailing Address 9413 BELLHAVEN ST 19022 BRUCE B DOWNS BLVD **TAMPA FL 33637** TAMPA FL 33637-4964 3. Mailing Address 19022 BRUCE B. DOWNS BLYD 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3388368 TAMPA Not Applicable Country -HILLSBOROUSH Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAFAR J. KHAN KHAN, ZAFAR J Street Address (P.O. Box Number is Not Acceptable) 9413 BELLHAVEN ST BRUCE B. DOWNS BLVD. TAMPA FL 33637 CityTAMPA 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. ZAFAR J. KHAN DIRECTOR 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, 2000 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 SYED PETAB A Change A Change A Change OFFICERS AND DIRECTORS 12. 11. Addition PD TITLE Delete TITLE KHAN, SALMA Z 19022 BRUCE B. DOWNS BLVD. NAME NAME STREET ADDRESS STREET ADDRESS 9413 BELLHAVEN STREET TAMPA FL-33647 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33637-DIRECTOR Delete TITLE TITLE BRUCE B. DOWNS BLW SYED, AFTAB A NAME NAME STREET ADDRESS 9413 BELLHAVEN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33637** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 nave 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.

ZAFARIET KHAN, DIRECTOR 407-786 SIGNATURE: