FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 25, 2000 8:00 am Secretary of State DOCUMENT # P9600073525 GK PRODUCTS, INC. 02-25-2000 90014 036 ***150.00 Principal Place of Business Mailing Address 10088 N.W. 3 PLACE HOSS N.W. 3 PLACE CORAL SPRINGS FL 33071-6805 ©©## SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0697544 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EMO CORPORATE SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 100 N.E. 3 AVE **SUITE 1100** FT LAUDERDALE FL 33301 Zio Code City 8. The above named 🚁 😁 striks statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed or registered agent and tatle if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Delete **PDST** TITLE TITLE NAME CHANNE, AJIT S NAME STREET ADDRESS STREET ADDRESS 10088 NW 3 PALCE CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL [] Addition ☐ Delete TITLE CHANNE, GUROIP K NAME NAME STREET ADDRESS STREET ADDRESS 10088 NW 3 PALCE CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete TITLE Change Addition VD TITLE NAME NAME BEY, J STREET ADDRESS STREET ADDRESS 5650 WOODLAND LN CITY-ST-ZIP CITY-ST-ZIP FT LAUD FL 33312 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 all others.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED PARTIES OFFICER OR DIRECTOR Date

0 954-752-4286