2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600078484 1. Entity Name CAUSEWAY FINA, INC.				May 10, 2001 8:00 am Secretary of State 05-10-2001 90093 004 ***150.00
Principal Place of Business 12300 BIS. BLVD. WIAMI FL 33181		Mailing Address 12300 BIS. BLVD. MIAMI FL 33181		
2. Principal Place of Business 13300 BISCAYNE BLVd- Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FE! Number 65-0695482 Applied For Not Applicable
Zip 33		Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
MIAMI FL 33181				7. Name and Address of New Registered Agent VIMAL PRASAD ss (P.O. Box Number is Not Acceptable) 110 NW 154 STreet AIAM FL Zip Code 33/81
9. This corporate filling r	signature, typed or printed name of registered age oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	nt and title if applicable. (NOT	ii	astered agent, or both, in the State of Florida. SSAD QUIPOL DATE 10. Election Campaign Financing Trust Fund Contribution Added to Food
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDRAN, BHUWAN 2000 HARDING STREET HOLLYWOOD FL 33020 STD PRASAD, VIMAL 110 NW 154 STREET MIAMI FL 33169		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, SEC.TR. Dechange Addition IMAL PRESIDENT, ST. MIAMI, F1. 33/69 CRETARY, TRESURER Denange Addition ONW 154 STreet MIAMI, F1. 33/69
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ICE PRESIDENT Change DAddition IRISH C. KURIYAL IO NW 154 ST. MLAMI, FL. 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the co	Lon this report of subblemental repor	t is true and accurate and that ipowered to execute this repor	my signature shall have t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 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

SIGNATURE: _