2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P97000029561 ANJALI INVESTMENTS, INC. 01-26-2001 90003 035 ***150.00 Principal Place of Business Mailing Address 7328 SW 48 ST 7328 SW 48 ST MIAMI FL 3355 MIAMI FL 3355 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0743704 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHILNANI, SURESH Street Address (P.O. Box Number is Not Acceptable) 7328 SW 48 ST MIAMI FL 3355 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title 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, 2001 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition KHILNANI, SURESH NAME NAME STREET ADDRESS 7328 SW 48 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP Delete Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ____ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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 attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

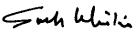
CITY-ST-ZIP

TITLE

NAME

Suresh Khilnani SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete



Change

Addition

FILED