2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P97000031398 WESTON TECHNOLOGIES, INC. 04-18-2000 90057 010 ***150.00 Principal Place of Business Mailing Address 2305 NW 107TH AVE 2305 NW 107TH AVE 1M18. MFZ BOX 47 1M18, MFZ BOX 47 MIAMI FL 33172 MIAMI FL 33172-2182 US US 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 65-0748465 Not Applicable Zip Country Country Zip \$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 PELLISSERY, JEROME J Street Address (P.O. Box Number is Not Acceptable) 1483 ESTANCIA CIRCLE WESTON FL 33327 City Zip Code 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) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Defete TITLE Change Addition NAME PELLISSERY, JEROME J NAME STREET ADDRESS STREET ADDRESS 1483 ESTANCIA CIRCLE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 ☐ Change Addition TITLE ☐ Delete TIT) F NAME NAME PELLISSERY, JOE J STREET ADDRESS STREET ADDRESS 8000 N.W. 10TH STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33312 ☐ Change Delete Addition TITLE TITLE PELLISSERY, STALIN J. NAME NAME STREET ADDRESS PELLISSERY HOUSE, MAIN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE CHALAKUDY KE

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

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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Delete

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