FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90425 049 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70054402

DOCUMENT # P97000044580

1. Entity Name
SAI PARTNERS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1500 NW 12TH AVE #1725 MIAMI, FL 33136	1500 NW 12TH AVE #1725 MIAMI, FL 33136

2. Principal Place of Business	3. Mailing Address
1620 SW 149th AVE Suite, Apt. #, etc.	1620 SW 149th AVE Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33027 Country: U.S.A	Zip: 33027 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0753734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NADH L.N. KONE, PHANENDHAR 1500 NW 12TH AVE #1725 MIAMI, FL 33136	Name: NADH L.N. KONE, PHANENDHAR Street Address (P.O. Box Number is Not Acceptable): 1620 SW 149th AVE City: PEMBROKE PINES, FL Zip Code: 33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Phanendharnadh LN Kone 4/25/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when changing) DATE

FILING FEE & RECORD CERTIFICATE FEE: $35.00 Mail with copy of this form to: Amelia Island Trustee & Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KONE, L N N PHANEND 1500 NW 12TH AVE #1725 MIAMI, FL 33136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KONE, L N N PHANENDHAR 1620 SW 149th AVE PEMBROKE PINES, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KONE, VENUNADH 1500 NW 12TH AVE #1725 MIAMI, FL 33136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phanendharnadh LN Kone 4/25/03 (504)-214-4433
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #