2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000071477 Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** KUMAR & KUMAR OF BROWARD COUNTY INC. 03-21-2000 90061 008 ***150.00 Mailing Address Principal Place of Business 6900 CYPRESS ROAD 6900 CYPRESS ROAD PLANTATION FL 33317-2318 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0644750 Not Applicable \$8.75 Additional Country Zip 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 KUMAR, PARDEEP Street Address (P.O. Box Number is Not Acceptable) 1750 SW 106TH AVENUE MIAMI FL 33028 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE KUMAR, PARDEEP NAME NAME STREET ADDRESS 1750 SW 106TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI:FL 33028 Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 other like empowered

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARDEEP KUMAR 16 MANG 2000