2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # **P97000075258 Secretary of State** 1. Entity Name SYMPHONY ENTERPRISES, INC. 02-13-2001 90072 042 ***150.00 Principal Place of Business Mailing Address 5331 N.E. SILVERSPRINGS BLVD 5331 N.E. SILVERSPRINGS BLVD. SILVER SPRINGS FL 34488 SILVER SPRINGS FL 34488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3464878 Not Applicable Zip Country 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 SHETH, MANSUKHLAL K Street Address (P.O. Box Number is Not Acceptable) 240 HWY 98 WEST APALACHICOLA FL 32320 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) 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, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DIRECTOR CR2E034 (10/00) TITLE ☐ Defete TITLE M Change ☐ Addition SHETH MANSUKHLAL K SHETH, MANSUKHLAL K NAME NAME 2121 ADDERBURY LANG STREET ADDRESS 240 HWY 98 WEST STREET ADDRESS CITY-ST-ZIP APALACHICOLA FL 32320 CITY-ST-ZIP SMYRNA, GA. 30082 TITLE ☐ Delete TITLE DIRECTOR Addition PATEL NATWARLAL K PATEL, NATWARLAL K NAME NAME STREET ADDRESS 2511 HADDENHAM LANE STREET ADDRESS 2206 MAIN STREET CITY-ST-7IP CITY-ST-7IP COLUMBUS MS 39701 SMY RNA GA. 30082 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

GNATURE:

MANSICHLAL K SHETH

Date

Date

Date

Date

Description 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.