FILED DOCUMENT # P97000106582 May 23, 2000 8:00 am 1. Entity Name NATASHA INVESTMENTS INC. **Secretary of State** 05-23-2000 90195 013 ***150.00 Mailing Address Principal Place of Business 4637 CASAN COVE DR. #2022 4637CASAN COVE DR #2022 ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business 3. Mailing Address 765 NARCOOSEE ROAD 765 NARCOOSEE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ST.CLOUD, FL 34771 59-3481972 Not Applicable ST - CLOUD , FL 34771 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, PANKAJ C PATEL, PRAGNESH H 4637 CASAN COVE DR.#2022 Street Address (P.O. Box Number is Not Acceptable)
765 NARCOOSEE ROAD ORLANDO, FL 32811 Zip Code 3477 ST.CLOUD 8. The above named entity subthits this Hatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 04-25-2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12 11. X Change Addition X Delete TITLE TITLE PATEL ! PANKAJ C PATEL, PRAGNESH H STREET ADDRESS 765 NARCOOSEE ROAD 4637 CASAN COVE DR.#2022 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST.CLOUD, FL 34771 ORLANDO, FL 32811 ☐ Change Addition TITLE TITLE Delete PATEL, MINAL NAME STREET ADDRESS STREET ADDRESS 4637 CASAN COVE DR.#2022 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32811 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F 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-ZIE Change ☐ Addition ☐ Delete TITLE TITLE 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. 04-25-2000 SIGNATURE: Daytime Phone GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)