FILED

May 01, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000016898 DOCUMENT # 05-01-2003 90808 008 ***150.00 1. Entity Name POOJA ENTERPRISES, INC. Principal Place of Business Mailing Address 8403 ATLANTIC BOULEVARD 8403 ATLANTIC BOULEVARD بهروهم والمراجع المراجع JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Blud Beach 14070-1 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3493965 Jac kgonville Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired α Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL. ATUL Street Address (P.O. Box Number is Not Acceptable) 12949 HUNTLEY MANOR ROAD JACKSONVILLE FL 32224 City Zip Code 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 Signature, typed or private name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fae will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ~ **PST** TITLE Change ☐ Addition Delete NAME PATEL, ATUL 🎉 NAME 12949 HUNTLEY MANOR DR. STREET ADDRESS STREET ADDRESS Jacksonville FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME Kayesh Read STREET ADDRESS STREET ADDRESS HUNZ Club CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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 truetee 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.

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

Daytime Phone #