2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041958 May 08, 2000 8:00 am Secretary of State CHHABRA'S FASHIONS CORP. 05-08-2000 90031 036 ***150.00 Principal Place of Business Mailing Address 132 7216 w. oakland Park Blvd. 7246 W. OAKLAND PARK BLVD. LAUDERHILL FL 33313 LAUDERHILL FL 33313-1041 2. Principal Place of Business 3. Mailing Address 32 W DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State 4. FEI Number Applied For 65-0408497 Not Applicable \$8.75 Additional Zip Country M 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHHABRA, HAMAH Street Address (P.O. Box Number is Not Acceptable) . 3621 N.W. 95TH TERRACE #501 SUNRISE FL 33351 Zip Code FL pits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change TITLE TITLE CHHABRA, SANDEEP NAME NAME 7246 W. OAKLAND PARK BLVD. L7232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR