2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P98000049350 1. Entity Name F G LIMITED U.S.A. INC. 05-02-2001 90037 018 ***150.00 Mailing Address Principal Place of Business 2462 ALBANY DR. 2462 ALBANY DR. KISSIMMEE FL 34758 KISSIMMEE FL 34758 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3535163 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Name JHURILAL, TYRONE Street Address (P.O. Box Number is Not Acceptable) 2462 ALBANY DR. KISSIMMEE FL 34758 Zip Code City 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00 ☐ Delete TITLE TITLE RUPRAI, HARVINDER S NAME NAME STREET ADDRESS STREET ADDRESS 104 FELBRIGGE ROAD, SEVEN KINGS CITY-ST-ZIP CITY-ST-ZIP ILFORD, ESSEX UK IG39X-J VICE PRESIDENT ☐ Change ☐ Delete TITLE TITLE RUPRAI, KASHMIR S NAME SUBHASH SHAHED SEVEN KINGS TLFORD ESSEX, UK. 1939X-H NAME 104 FELBRIGGE ROAD, SEVEN KINGS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ILFORD, ESSEX UK IG39X-J SECT PAREASURER. ☐ Delete TITLE RUPRAT, KASHMIR, S. 104 FELBRISSE Rd. SEVEN KINGS NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ILFORD ESSEX UK. CITY-ST-7IP ☐ Addition ☐ 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-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby 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. HARVINDER. S. RUBRAI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP