2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am P98000056334 DOCUMENT # Secretary of State 1. Entity Name 02-25-2002 90049 035 ***150.00 RICHA, INC. Principal Place of Business Mailing Address 2992 W. INTERNATIONAL SPEEDWAY BLVD. 2992 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3517958 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANICAL PATEL, DAXABEN M Street Address (P.O. Box Number is Not Acceptable) 2992 W. INTERNATIONAL SPEEDWAY BLVD. 2992 W. ZNT'C Speedwy BL **DAYTONA BEACH FL 32114** City DOVIONO BEDCH 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. 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, 2002 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 OFFICERS AND DIRECTORS 11. 12. DPST Change CR2E034 (9/01) ☐ Delete TITLE PATEL MANICAL 2992 W. INTIL Speedwy BL NAME NAME PATEL, MANILAL R STREET ADDRESS 2992 W. INTERNATIONAL SPEEDWAY BLVD. STREET ADDRESS DAYTONA DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-7IP PATEL DAXADEN M. D'Change ... Addition 2992 W. INT'L Speedby / OAYPOND BEDEN PED JLIN ☐ Delete TITLE TITLE NAME PATEL DAXABEN M NAME STREET ADDRESS STREET ADDRESS 2992 W INT'L SPEEDWAY BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Addition TITLE ☐ Defete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE 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 Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY ST ZIR

SEMANTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

%6-253-06 4. **406**

Daytime Phone #

FILED