2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P98000081512 1. Entity Name SAPAL ENTERPRISES, INC 01-24-2000 90070 028 ***150.00 Principal Place of Business Mailing Address 8748 WITTENWOOD CV 8748 WITTENWOOD CV ORLANDO FL 32836 ORLANDO FL 32836-5527 80006173 2. Principal Place of Business 3. Mailing Address W mills Me Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3532204 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired u.s.A Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name NAING, SOE Street Address (P.O. Box Number is Not Acceptable) 8748 WITTENWOOD CV ORLANDO FL 32836 City Zip Code FL 8. The above named entity submits this statement for the <u>pur</u>pose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE] of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change CR2E034 (9/99 ☐ Delete TITLE TITLE NAING, SOE NAME NAME STREET ADDRESS 8748 WITTENWOOD CV STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-ZIP ☐ Change 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-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1

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.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE: 2

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

(SIGNO MOER

<u>VIOL REQUIRED</u>

☐ Delete

1)15/00

407-894-7259

Daytime Phone #

☐ Change

☐ Addition