

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90887 017 ***150.00

DOCUMENT # **P98000086095**
1. Entity Name
Nibraka Global, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1042 Berkley Rd		3. Mailing Address 1042 Berkley Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AUBURNDALE FL		City & State Auburndale FL	
Zip 33823	Country U.S.A	Zip 33823	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3536655		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name NILKANTHARAY A. PATEL
Street Address (P.O. Box Number is Not Acceptable) 1042 BERKLEY Rd.
City AUBURNDALE FL
Zip Code 33823

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. NILKANTHARAY A. PATEL 4342 THOMASWOOD LN. E. WINTER HAVEN FL-33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VALSHAKHA N. PATEL 4342 THOMASWOOD LN. E. WINTER HAVEN FL-33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **V. P. Patel (V. President)** **4/30/02** **863-967-4246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)