FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

NAME STREET ADDRESS CITY-ST-ZIP	1 1 11 11 1	INACNIT // O =				Secretary	or State
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Second control Seco	Au	BURNDALE FI	Aubornagli	e Fl		59-353665	Not Applicable
The above named entity submits this statement for the purpose of changing its registered office or registered agent in the state of Florida. Signature (Post Not Not Not Acceptable) City AUBURNOALE FL Zip Code 33.82.3 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 (Post Not Not Not Not Not Not Not Not Not No	Zip	Country	Zip	Country			
Name NILKANTHRAY A MATEL IN THIS SPACE Street Address (PO. Box Number is Not Acceptable) P.	<u> > 3 5 0 .</u>	2.5 U.S.H	33823	<u>-4-5-A-</u>		···-	Fee Required
DO NOT WRITE IN THIS SPACE Sire! Address (PO Bg Number is bot Acceptable) City AUBURNDALE Sire! Address (PO Bg Number is bot Acceptable) City AUBURNDALE Sire! Address (PO Bg Number is bot Acceptable) City AUBURNDALE Sire! Address (PO Bg Number is bot Acceptable) City AUBURNDALE FL ZD Codes 33823 SIGNATURE Signature, funds or private rame of regiment agent and title if application. Out! Out! Signature, funds or private rame of regiment agent and title if application. Out! Out! Out! Out! Anter May 1, Fee is \$150.00 Amended UBR is \$550.00 Amended UBR is \$550.00 Amended UBR is \$550.00 Amended UBR is \$561.25 Out Florers AND DIRECTORS Out Flo				Name			
IN THIS SPACE City Augurno Ale FL Zip Code 33.82.3	المستبينة الكنيدية	DO NOT WE	NTE	NI	LKAI	NTHRAY A. PAT	BL
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SiGNATURE Signature 9. This corporation is eligible to satisfy as intangible Tax filing requirement and elects to do so. After May 1. Fee is \$5150.00 After May 1. Fee is \$550.00 Amended URB 18 \$61.25 OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS TITLE NUMBE SIREET ADDRESS OTIV-51-2P UND TERR THAN \$\text{Pin} \text{PATEL} H3 4.2. Thom As \wood \Ln. \varepsilon UND TERR THAN \$\text{Pin} \text{Pin} \text{Pin} \text{Pin} \text{Sineet ADDRESS} OTIV-51-2P UND TERR THAN \$\text{Pin} \text{Pin} Pi		· · · · · · · · · · · · · · · · · · ·		Street Address (P.O. Box Number is Not Acceptable)			
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SIGNATURE Signature Signa				City			<u> </u>
SIGNATURE Signature Signa				ั"คิน	IBUR	NOALE FL	Zip Code 33.\$2.3
SIGNATURE Signature. Spring or printed name of registered agent and other applicable. 9. This corporation is eligible to sells by its intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. NAME SIREET ADDRESS 11. OFFICERS AND DIRECTORS 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS 11. NAME 11.	8. The above	e.named entity submits this statement for the	ne purpose of changing its re-	gistered office or reg	gistered age	ent, or both, in the State of Florida.	
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Tax filing requirement and elects to do so. (See criteria on back)		Signature, typed of printed name of registered agent and				nstating) DATE	
Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees					0	10. Election Campaign Financing	\$5.00 · · ·
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3. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110 07/29/3 Florida Charles 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	VALSHAKHA N. 4342 THOMAS W	FL - 33880 PATEL 000 LN. E.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			

3. 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: Valshable N- Call (V. Pres to SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFER TOP

4130 02 863-967-4246