P98000106436

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2003 JAN 31 PM 3:11

DOCUMENT # P98000106436

1. Entity Name
Carnaby.com Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
460 East Semoran Blvd		460 East Semoran Blvd	
Suite, Apt. #, etc. Suite #200		Suite, Apt. #, etc. Suite #200	
City & State Casselberry, Florida		City & State Casselberry, Florida	
Zip 32707	Country Seminole	Zip 32707	Country Seminole

DO NOT WRITE IN THIS SPACE

4. FEI Number 593548287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name A.Antunes
Street Address (P.O. Box Number is Not Acceptable)
460 East Semoran Blvd, Suite #200
City Casselberry, Florida FL Zip Code 32707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	Director -- A. Antunes 460 E. Semoran Blvd. Suite 200 Casselberry FL, 32707		400011598844 01/31/03--01085--001 **150.00
	Director -- Harish Shah 9931 Kilgore Rd. Orlando FL, 32836		
	Director -- Piyush Patel 3244 Oakmont Terrace Longwood FL, 32779		DO NOT WRITE IN THIS SPACE
			D.Connell
			1-31-03

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #