2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am DOCUMENT # P98000106651 1. Entity Name Secretary of State P & N CORP. 05-02-2000 90039 046 ***150.00 Mailing Address Principal Place of Business 6738 16TH TERRACE NORTH 6738 16TH TERRACE NORTH **SUITE 373** SUITE 373 ST PETERSBURG FL 33710-5441 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 227 MAIN 227 MAIN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State HARBOR FLORIDA 3547967 SAFETY HARBOR 59-SAFETY Not Applicable Country PINECLAS \$8.75 Additional FL34699 5. Certificate of Status Desired 34695 PINELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name .- - -SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City UÜ 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 _ DATE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT PARVIN A HAIDER □ Delete TITLE MANIRUZZAMAN, MOHAMMED NAME 6738 16 TERRACE N # 373 STREET ADDRESS STREET ADDRESS 6738 16TH TERRACE NORTH ST. PETERS BERG. FL 33710 CITY-ST-7iP CITY-ST-ZIP ST PETERSBURG FL 33710 VICE - PRESIDENT Change ☐ Addition TITLE ☐ Delete TITLE MOHAMMED MANIQUEZZAMAN NAME NAME HAIDER, PARVIN A 18280 NG 8 AVE STREET ADDRESS STREET ADDRESS 6738 16TH TERRACE NORTH N. MIAMI BEACH, FL 33162 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 Addition TITLE Change ☐ Delete TITLE NAME NAME T. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

POEVIGUIAN HELDER PARVIN A. HAIDER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #