## FILED

Jun 01, 2001 8:00 am Secretary of State

06-01-2001 90001 027 \*\*\*550.00

772173 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3575169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent NAUTET Street Address (P.O. Box Number is Not Acceptable)

HERAN, AJAIB S 2011 EXCALIBUR DRIVE ORLANDO FL 32822

SINGH'S VENTURES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

The above named entities

Signature, tvo

City & State

Zip

2011 EXCALIBUR DRIVE

ORLANDO FL 32822

2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ORLANDO FL 32822

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2011 EXCALIBUR DRIVE

DOCUMENT # P99000038529

Country

6. Name and Address of Current Registered Agent

ited name of registered agent and title il applicati

EXCALIBUR City ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

stered Agent's phature required when reinstating)

HERAN

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criter a on back)

FILE NOW !! FEE IS \$150.00 After MAY 1, 2( )1 Fee will be \$550.00 Make Check Payal le to Department of State

Country

Name

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE Delete TITLE HERAN, AJAIB S NAME NAME STREET ADDRESS 2011 EXCALIBUR DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 Change ☐ Addition Delete TITLE HERAN, NAGINDER K NAME NAME 2011 EXCALIBUR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 Change 4ddition ☐ Delete TITLE HERAN, NAVTEJ S NAME NAME 2011 EXCALIBUR DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP □ Addition Change TITLE ☐ Delete TITLE HERAN, GURPREET S NAME 2011 EXCALIBUR DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

indicated on this report or supplemental report is true and accurate and that r of the corporation or the receiver changed, or on an attachment wi an address, with all other like empowered

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information htal report is true and accurate and that it y signature shall have the same legal effect as if made under oath; that I am an officer or director trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: