2001 UNIFORM BUSINESS REPORT (UBR)

3/1/

FILED
May 18, 2001 8:00 am
Secretary of State
03-01-2001 90036 047 ***150.00

DOCUMENT # P99000040359

1. Entity Name
WG'S USA, INC.

45134

Principal Place of Business	Mailing Address
141 5TH STREET NW, SUITE 100 WINTER HAVEN FL 33881	42-49 GOLDEN STREET APT 11C FLUSHING NY 11355 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	505 AVE. "A" N.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WINTER HAVEN, FLORIDA
Zip / Country	Zip: 33881 / Country: USA

4. FEI Number: 11-3515291 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOVONI, BRIAN R 141 5TH STREET NW, SUITE 100 WINTER HAVEN FL 33881	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOWDHURY, LOCHAN SINGH 141 5TH STREET NW, SUITE 100 WINTER HAVEN FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANJEET KAUR SUIT 102 , 505 AVE A NW WINTER HAVEN, FL. 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGH, CHOWDHARY J 42-49 GOLDEN STREET, APT 11C FLUSHING NY 11355	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDEEP SINGH SUITE 102 , 505 AVE A NW WINTER HAVEN , FL-33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALBIR SINGH CHOWDHURY SUITE 102 , 505 AVE A , NW WINTER HAVEN , FL-33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JASWINDER SINGH CHOWDHA SUITE 102 , 505 AVE A NW WINTER HAVEN , FL-33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIJAY KUMAR RATRA SUITE 102 , 505 AVE A , NW WINTER HAVEN , FL-33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: Lochan Singh 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #