FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

1. Entity Name



FILED Mar 11, 2004 8:00 am Secretary of State

03-11-2004 90009 043 ***150.00

Since Applied For State ORANGE PARKER PROCESS STREET ADDRESS OF CONTROL OF STAP OR STA	JAY KEVAPORI IN					
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CITY & State ORANUE PARK F See To County 1. Name Address of Current Registered Agent Name PRAFUL OACHT RAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Shuth Address of Current Registered Agent Name PRAFUL OACHT Name Praful OACH			ING BL	VO.	SO NOT WEST IN THE	
ORAMICE Project Section	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE
The above named entity submits this sizement 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 children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the theory of Florida agent, or both. In the State of Florida, I am familiar with, and accept the children or registered agent, or both. In the State of Florida, I am familiar with, and accept the state of Florida agent, or both. In the State of Florida, I am familiar with, and accept the florida agent, or both. In the State of Florida, I am familiar with, and accept the florida agent, or both. In the State of Florida, I am familiar with, and accept the florida agent, or both. In the State of Florida, I am familiar with, and accept the florida agent, or both. In the State	ORANGE PARCE	City & State O KANCE PI	sek FL	4. FE	Number 3574469	Not Applicable
Name and Address of Current Registered Agent	32065 CLAY	^{Zio} 32065	Country	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the State of Florica. I am familiar with and accept the State of Florica. I am familiar with, and accept the State of Florica. I am familiar with, and accept the State of Florica. I am familiar with, and accept the State of Florica agent, or both, in the State of Florica. I am familiar with and accept the State of Florica agent, or both, in the				7. Nan	ne and Address of Current Register	ed Agent
IN THIS SPACE City FL 20,200 8	DO NOT W		Name	PRAFI	IL DABHI	
IN THIS SPACE City FL 202068 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 Florica, I am familiar with, and accept the chiligations of registered agent, or both. In the State of Florica, I am familiar with, and accept the chiligations of the corporation agent. SIGNATURE			Street Add	dress (P.O. Bo	x Number is Not Acceptable)	jæ
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the childragons of registered agent. SIGNATURE January 1. Nealy 1: Fee is \$150.00 Amended UBBs is \$1.50 May 1. Fee is \$150.00 Amended UBBs is \$1.50 May 1. Fee is \$150.00 Amended UBBs is \$1.50 May 1. Fee is \$150.00 Amended UBBs is \$1.50 May 1. Fee is \$150.00 Amended UBBs is \$1.50 May 1. Fee is \$150.00 May 1. Fee is \$1	IN THIS SPA	ACE				-
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