2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 799000 50308 May 12, 2000 8:00 am TRADELINKS USA, Anc Secretary of State 05-12-2000 90081 026 \*\*\*158.75 Principal Place of Business Mailing Address 9341-BAIRPORTBLUD 6220 MEREDITH ERIN LA ORLANDO FL 32827 ORLAMOU FL 32819 3. Mailing Address
6220 MEREDITH ERINZW Principal Place of Business 9341-BAIRPORT BLYD DO NOT WRITE IN THIS SPACE City & State Applied For City & State O RLANDO FL a ORLANDO Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent SHAMAB 510010VI SIDDIQUI ANWAR 8445 International DI#154 ORIANDO EL 32819 CITYORLANDO 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. V- President PRESIDENT & Treasure | Delete TITLE FAIZA SABHAT SIDDIQUI SHAHAB SIDDIQUI NAME NAME 6220 Meredith Erin L 6220 Meredith Erin Lu STREET ADDRESS STREET ADDRESS FL 3281 CITY-ST-ZIP FL 328.19 CITY-ST-ZIP OFLANDO Addition Change TITLE TITLE SIDDIQUI, ANWAR NAME 8445 Anternational D1# 154 STREET ADDRESS STREET ADDRESS ORLAMDO FL 32819 CITY-ST-ZIP ☐ Change Addition TITLE NAME INDDIQUI**X** 8445 9 ntornation - 0 0 # 154 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 32&19 CITY-ST-7IP ORLAMSO Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 4-24-03 407-872-0904

Date Daytime Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR