FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 14, 2002 8:00 am DOCUMENT # P99000053764 Secrétary of State 1. Entity Name 07-14-2002 90050 044 ***150 00 OMALAS, INC. Principal Place of Business Mailing Address 409 SE 1ST AVE B0128956 409 SE 1ST AVE FLORIDA CITY FL 33034 FLORIDA CITY FL 33034 2. Principal Place of Business 3. Mailing Address 413 S.E. SAME ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0956183 HORIDA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORCH, C. E. Street Address (P.O. Box Number is Not Acceptable) 1273 NW SPRUCE RIDGE DR. STUART FL 34994 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D Delete TITLE Change ☐ Addition NAME PATEL, PREMSARAN NAME STREET ADDRESS 333 SE 1ST AVE., U.S. HWY. 1 STREET ADDRESS CITY-ST-ZIP FLORIDA CITY FL 33034 CITY-ST-ZIP DP ☐ Delete TITLE Change ☐ Addition NAME PATEL, BMARTI P PATEL BHARTI NAME STREET ADDRESS 333 SE 1ST AVE STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33034 CITY-ST-ZIP TITLE DT Delete TITLE Change ☐ Addition NAME PATEL, ILAKUHART D NAME ILAKUMARI STREET ADDRESS 1223 NE 1ST AVE STREET ADDRESS CITY-ST-ZIP FLORIDA CITY FL 33034 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME PATEL, JYOTI S NAME STREET ADDRESS 1326 S FLECHART LANE 1726 S. FIELDLARK LANE STREET ADDRESS CITY-ST-ZIE HOMESTEAD FL 33035 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

MALAS, INC. Attachment 413 S.E. 1ST AVE STRUGGESTAGE FLORIDA CMY, FL 33034 FLORIDA CMY, FL 33034

JULY 8th OR

DIVISION OF CORPORATIONS

Dean Sir er Madam,

As poor my conseasation with a representative I had explained that we never had received the first notice for the 2000 Uniform Business Report for DMALAS, Fox.

Floanse find enclosed a check for \$150 as I was advised to do.

Please do not heritade to call me at 305 218 9389 (Call)

Sargenykumoor Patel Statel