2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000055711 Sep 18, 2000 8:00 am 1. Entity Name Secretary of State GANESHA VENTURES, INC. 09-18-2000 90019 033 ***550.00 Principal Place of Business Mailing Address 1820 3. OCEAN BLVD., #2-B 1820 S. OCEAN BLVD., #2-B DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address "Sw Merdowlark Cir 11606 <u>SW</u> 1/606 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FLECK, DOUGLAS H 1820 S. OCEAN BLVD., #2-B **DELRAY BEACH FL 33483** 30%5つ nging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. Doughs H Flack . Oinctor Thange TITLE ☐ Delete 11606 SW Meadowlork cir NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE-Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 epocy 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 trastee empowered to except 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 appearers. It is all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

TOTAL PRINTED NAME OF SIGNING OFFICER OR DISECTOR

☐ Delete

09-08-00

561-252-8947

Daytime Phone #

Change

Addition