CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State P99000058172 DOCUMENT # 1. Entity Name 02-19-2002 90105 041 ***150.00 RUCHI, INC. Principal Place of Business Mailing Address 111 17TH ST W 111 17TH ST W PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0930017 Not Applicable --Zip -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 Name PATEL, RAMASH Street Address (P.O. Box Number is Not Acceptable) 3810 5TH ST E #121 **BRADENTON FL 34208** 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. SAFAYANT.B. PATEL inted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12 **PSD** ☐ Addition TITLE TITLE PATEL, MAHENDRA S NAME NAME 1832 MANATEE AVENUE EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP **VTD** Addition TITLE ☐ Delete TITLE ☐ Change PATEL, JASVANT B NAME NAME STREET ADDRESS 1832 MANATEE AVENUE EAST STREET ADDRESS BRADENTON FL-34208 CITY*ST*ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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