FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 10, 2001 8:00 am DOCUMENT # P99 000069180 Secretary of State TRADEOLOGY. COM INC. 05-10-2001 90128 038 ***150.00 Principal Place of Business 4910 BLUE LAKE DRIVE STELLO A0062912 BOCA RATION PL 33431 2, Principal Place of Business 3. Mailing Address AS (2. 2424 N. FEDERAL HWY SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 350 City & State City & State 4. FEI Number Applied For BOKA RATON 65-0937520 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **"我们是从6000户行至"专家专行的**" 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Aner MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of Sta (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) PATEL, JUGNESH TITLE ☐ Delete me PATEL, IYENESH 2424 N. FEOERAL HUY, STE 350 NAME 4910 BLUE LAKE DRIVE STREET ADDRESS STREET ADDRESS BOLL BARN PL 33431 CITY-ST-78 BOLARATON FL 33431 CITY-ST-ZIP PATELAPESH ☑ Change ☐ Addition TITLE TITLE ☐ Delete PATEL ALPESH 2424 N. FEOERAL HUY, STE 350 NAME NAME BLUE LAKE DRIVE 4910 STREET ADDRESS STREET ADDRESS BOW RAISH FL 33431 CITY-ST-ZIP CITY-ST-ZIP BOGA RATION PL 33431 Delete ☐ Change Addition MILE CLESSNER, CARL NAME 4910 BLUE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATION PL 33431 Delete TITLE Change Addition PRILE, ROBERT DRIVE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATION FL 33431 TITE F ☐ Delete ☐ Change Addition WME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chance Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filling 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 impowered. 4-26-01 561-338-997) SIGNATURE: __

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR