2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000079864** May 09, 2000 8:00 am Secretary of State PORT 23 COMMUNICATION INC 05-09-2000 90096 007 ***150.00 Mailing Address Principal Place of Business 5600 RIVER CLUB CIR. 5600 RIVER CLUB CIR. JUPITER FL 33458-2404 JUPITER FL 33458-2404 3. Mailing Address 2. Principal Place of Business 5600 River Club Cir 5600 River Club Cir Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Jupiter, City & State Jupiter, Florida 4. FE! Number Florida 65-09635 Not Applicable Country P.B.County Zip 33458-2404 33458-2404 \$8.75 Additional 5. Certificate of Status Desired P.B.County Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALA, NITIN Street Address (P.O. Box Number is Not Acceptable) 5600 RIVER CLUB CIR. JUPITER FL 33458-2404 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD ☐ Delete TITLE TITLE VALA, NITIN NAME NAME STREET ADDRESS 5600 RIVER CLUB CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458-2404 ☐ Change ☐ Addition TITLE Delete TITLE VALA, BHUPENDRA NAME NAME STREET ADDRESS 5600 RIVER CLUB CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458-2404 Change ☐ Addition TITLE ☐ Delete TITLE VALA, JYOTI NAME NAME STREET ADDRESS 5600 RIVER CLUB CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl. 33458-2404 □ Change Maddition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME 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 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2700 561747-2

Daudima Phone