2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000087762 DOCUMENT

ļ	

FILED May 01, 2003 8:00 am Secretary of State

<u>4</u> 2	
Þ	

05-01-2003 90298 050 ***150.00 1. Entity Name SHIVA FAB INTERNATIONAL, INC. Principal Place of Business Mailing Address 6761 W. SUNRISE BLVD. 6761 W. SUNRISE BLVD. STE. 2 STE. 2 PLANTATION FL 33313 PLANTATION FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0964415 Not Applicable Zip Country 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 DATA PROFESSIONALS, INC. Street Address (P.O. Box Number is Not Acceptable) 3935 N.W. 38TH TERRACE LAUDERDALE LAKES FL 33309 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. ŞIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition SINGH, SARA BJIT NAME NAME SINGH, SARADJIT STREET ADDRESS 6761 W. SUNRISE BLVD. STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33313 TITLE Delete TITLE D/S/T Change Change ☐ Addition SINCH, AMARTEET NAME SINGH, ARMARJETT NAME STREET ADDRESS STREET ADDRESS 6761 W. SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33313 TITLE Delete TITLE Change **Addition** SINCH, URMEET NAME NAME 6761 W. SUNRISE BLUD STREET ADDRESS STREET ADDRESS PLANTATION .FL 33313 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered. SARABJIT SINGH

SIGNATURE: