FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P99000089305 1. Entity Name BALYOG INC 03-21-2001 90024 050 ***150.00 Principal Place of Business Mailing Address 2595 54TH AVE., N. 2595 34TH AVE., N. SAINT PETERSBURG FL 33714 SAINT PETERSBURG FL 33714 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 59-3600860 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, THAKOR Street Address (P.O. Box Number is Not Acceptable) 2595 54TH AVE., N. SAINT PETERSBURG FL 33714 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 _ (NOTE: Registered Agent signature required when reins 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) PD TITLE Change : TITLE Delete TEAKO (L PATEL NAME PATEL THAKOR NAME HLOL ADORLE ST STREET ADDRESS 4202 AZEELE ST STREET ADDRESS 35609-3822 CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33611** Change ☐ Addition Delete TILE TITLE PATEL CHITTARANTAN PATEL, CHITBAYER NAME 🗻 NAME STREET ADDRESS 2595, 54th AVE. N STREET ADDRESS 2595 54TH AVE., N PL 33714 CHY-ST-ZIP SAINT CITY-ST-ZIP petersburg SAINT PETERSBURG FL 33714 TITLE Change TITLE Delete PATEL, SYRESHCHUNDRA P SURESH CHANDRA P NAME NAME PATEL 3.6.88 GANDY BLVD STREET ADDRESS 3688 SANDY BLVD STREET ADDRESS CITY-ST-ZP TAMPA FL 33611 CITY-ST-ZIF TAMPA PL 33611 Addition Delete ☐ Change TITLE TITLE Kapadia Sangala NAME NAME by Bay BIFD #313 STREET ADDRESS STREET ADDRESS 0901 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 🔂 Change 🚅 🔲 Addition RAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or Justee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with supplemental properties.