2008 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2003 8:00 am DOCUMENT # P99000094116 Secretary of State 1. Entity Name 03-12-2003 90085 035 ***150.00 PRINCE PROPERTIES INC Principal Place of Business Mailing Address 15 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 70026897 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-6324187 Not Applicable \$8.75 Country Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANDHAWA, BALBIR 15 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33301 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date 9. This corporation is eligible to satisfy its FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After MAY 1, 2005 Fee will be \$550.00 10. Election Campaign Financing Intangible Tax filing requirement and elects Added to Fees Trust Fund Contribution. to do so. (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CRE034 (9/99) Addition **PRESIDENT** Delete TITLE TITLE RANDHAWA, BALBIR NAME 15 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY - ST - ZIP CITY - ST - ZIP Delete TTLE тпғ NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition TTE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS СЛY - ST - ZIP Change - Delete TITLE ' TITLE NAME J. L. . NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 empowered. SIGNATURE: 954-462-0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #