2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000101264 KUCHANI INTERNATIONAL CONSULTING SERVICES, INC. 04-24-2001 90233 046 ***150.00 Principal Place of Business Mailing Address 1400 NW 13TH STREET 1400 NW 13TH STREET APT. #25 APT. #25 BOCA RATON FL 33486 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address 4481 Campose Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0962217 Not Applicable 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 KUCHANI, FARZAD Street Address (P.O. Box Number is Not Acceptable) 1400 NW 13TH STREET APT. #25 4778 Sea Oats Circle **BOCA RATON FL 33486** 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 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, 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete KUCHANI, FARZAD NAME 4778 Sea Oats Cr. #206 STREET ADDRESS STREET ADDRESS 1400 NW 13TH STREET W. Palm Beach Fl. 33417 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Delete TITLE TITLE ROSENBERG, JOSHUA NAME NAME STREET ADDRESS STREET ADDRESS 1400 NW 13TH CT #26 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE _ ~ ~ Delete 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Vice - President - Joshua C. Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR