2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000107087** May 30, 2000 8:00 am Secretary of State PARAS INTERNATIONAL, INC. 05-30-2000 90007 001 ***150.00 Principal Place of Business Mailing Address 11570 FEMINOLE ROAD 11570 FEMINOLE ROAD **DUNELLON FL 34431 DUNELLON FL 34431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Ferri note loa DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3623687 Applied For Dunnellon Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RASKAPUR PATEL, NAINESH Street Address (P.O. Box Number is Not Acceptable) 11570 FEMINOLE ROAD **DUNELLON FL 34431** 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. JAI RACKAPUR SIGNATURE FILE NOW!!! FEE IS \$150.00 ... 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. President TITLE TITLE feminole Rel NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change □ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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