2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State
02-08-2002 90004 005 ***150.00

DOCUMENT # S94564

1. Entity Name
UEM, INC.

Principal Place of Business	Mailing Address
8621 ESTATE DR W PALM BEACH FL 33411 US	8621 ESTATE DR W PALM BEACH FL 33411 US

00019766

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1400 CENTRE PARK BLVD	
Suite, Apt. #, etc.: SUITE 770	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State
Zip: 33401 Country: U.S.A	Zip / Country

4. FEI Number 65-0304292 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KSHETRY, KRISHAN MOHAN 8621 ESTATE DR WEST PALM BEACH FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) City: FL 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: KMKshetry — Jan 22, 2002
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 Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KSHETRY, KRISHAN MOHAN 8621 ESTATE DR WEST PALM BEACH FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KSHETRY, SANGITA 8621 ESTATE DR W.P.B. FL. 33411 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KSHETRY, SANGITA 8621 ESTATE DR W.P.B. FL. 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: SIGNATURE REQUIRED — Jan 22, 2002 — 561-683-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)