

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90079 002 \*\*\*150.00

**DOCUMENT # F01000005482**

1. Entity Name

**A2Z INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**7221 GARDEN GROVE BLVD.. #C  
 GARDEN GROVE CA 92841**

**1208 SOUTH COURTRIGHT STREET  
 ANAHEIM CA 92804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-0948863**

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

**KHAN, FURQAN ULLAH  
 1500 APALACHEE PARKWAY, #1300  
 TALLAHASSEE FL 32301**

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:

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	<b>PCD ZAMAN, QAMAR U</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1208 SOUTH COURTRIGHT STREET</b>	
CITY-ST-ZIP	<b>ANAHEIM CA 92804</b>	
TITLE NAME	<b>S KHAN, IRFAN ULLAH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1208 SOUTH COURTRIGHT STREET</b>	
CITY-ST-ZIP	<b>ANAHEIM CA 92804</b>	
TITLE NAME	<b>T KHAN, FURQAN ULLAH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1500 APPALACHEE PARKWAY, #1300</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE NAME	<b>D RASHIDA, IDREES Z</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1208 S. COURTRIGHT STREET</b>	
CITY-ST-ZIP	<b>ANAHEIM CA 92804</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*APRIL 19, 2002*  
 Date

*626-810-3637*  
 Daytime Phone #

CR2E034 (9/01)