

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91212 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L69662 1. Entity Name YEAR 2000 ENTERPRISE INC.		
Principal Place of Business P.O. BOX 810634 BOCA RATON, FL 33481-7634		Mailing Address P.O. BOX 810634 BOCA RATON, FL 33481 US
2. Principal Place of Business 9767 PALMA VISTA WAY		3. Mailing Address 9767 PALMA VISTA WAY
City, State, Zip BOCA RATON FL 33428		City, State, Zip BOCA RATON FL 33428
4. FEI Number 65-0189644		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MOMIN, KARIM ALI 20803 VIA VALENCIA DRIVE BOCA RATON, FL 33433
7. Name and Address of New Registered Agent Name KARIM ALI MOMIN Street Address (P.O. Box Number is Not Acceptable) 9767 PALMA VISTA WAY City BOCA RATON FL Zip Code 33428		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when venturing)
FILE NOW! IN FEB IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MOMIN, AYSHA K 20803 VIA VALENCIA DRIVE BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MOMIN, AYSHA K 9767 PALMA VISTA WAY BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MOMIN, KARIM A 20803 VIA VALENCIA DR BOCA RATON, FL	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MOMIN, GULBAND K 20803 VIA VALENCIA DRIVE BOCA RATON, FL	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: AYSHA K Momin 4/16/03 561-702-7956 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

11005185



☐ CHECK HERE IF MAKING CHANGES

CREF034 (10/02)