## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 16, 2002 8:00 am Secretary of State P00000064976 DOCUMENT # 1. Entity Name 05-16-2002 90014 028 \*\*\*150.00 FAIR INVESTMENTS ENTERPRISES, INC. Mailing Address Principal Place of Business 527 SPRING LAKES BLVD 527 SPRING LAKES BLVD . R0103473 **BRADENTON FL 34210 BRADENTON FL 34210** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1022178 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIKDAR, BORHAN Street Address (P.O. Box Number is Not Acceptable) 527 SPRING LAKES BLVD **BRADENTON FL 34210** Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable 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, 2002 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. Change ☐ Addition Delete TITLE TITLE SIKDAR, BORHAN NAME NAME STREET ADDRESS 527 SPRING LAKES BLVD STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP Change ☐ Addition D ☐ Delete TITI F TITLE ali, asad NAME NAME STREET ADDRESS STREET ADDRESS 10935 BRISTOL BAY DRIVE #215 **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change ☐ 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 ☐ Change ☐ Addition TITLE TITI F ☐ Defete 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 13. Thereby 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

FILED