

FROM :

FAX NO. : 4073390659

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93599 029 ***150.00

2000² UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000052871

1. Entity Name
 Shahzaib Inc

Principal Place of Business
 258 N Castleford Ct

Mailing Address
 258 N Castleford Ct

Longwood, Fl
 32779

Longwood, Fl
 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3721175

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

KHUWAJA, AMYN
 258 N. CASTLEFORD CT.
 LONGWOOD FL 32779

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 Intan-
 gible Tax filing requirement and elects to do so.
 (See criteria on back)

FREE NOW!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
 NAME KHUWAJA, AMYN
 STREET ADDRESS 258 N. CASTLEFORD CT.
 CITY - ST - ZIP LONGWOOD FL 32779

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change

Addition

TITLE Director
 NAME KHUWAJA, NASEEM
 STREET ADDRESS 258 N. CASTLEFORD CT.
 CITY - ST - ZIP LONGWOOD FL 32779

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

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 CITY - ST - ZIP

Change

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 CITY - ST - ZIP

Change

Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

4/29/02 407-571-8453