FROM:

FAX NO.: 4073390659

## FILED May 29, 2002 8:00 am Secretary of State 05-29-2002 93599 029 \*\*\*150.00

Daytine Phone #

## 200 UNIFORM BUSINESS REPORT (UBR)

I. Edity Name Shibt 2 lib Int Place of Business SSR N Castleford Ct 258 N Castleford Ct 259 S2779 32	DOC	JMENT# BOLDONS			05-29-2002 9	3599 029 ***150.
SSE N Castileford Ct  258 N Castileford Ct		vame	28/1	$\searrow$		
City & State    Country					_	
32779 32779 32779 32779 32779 32779 32779 32810			258 N Castlefo	ord Ct		
Sulle, Apt. #, etc.   DO NOT WRITE IN THIS SPACE    City & State   City & State   City & State   Sea 2721175   Applied For Sea 2721175   Not Applied For Sea 2721175   Sea 2721175   Not Applied For Sea 2721175   Sea 2721175   Not Applied For Sea 2721175   Sea	32779		32779			
City & State  See Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Since A State PORD CT.  City  City  City  City  City  City  City  City  The above named entity autensis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  NATURE  Bytatus, upon or priced more of registered agent and the or explosions.  NOTE Registered Agent agenture agent define and entity autensis agent and the or explosions.  (City  City  City  FL Zo Code  City  The above named entity autensis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  NATURE  Bytatus, upon or priced more of registered agent and the or explosions.  NATURE  City  The above named entity autensis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  Name  City  The above named entity autensis this statement for the purpose of changing its registered Agent agenture agent ag			3. Mailing Address			
Applied FOR State   Applie			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Curront Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name  8. N. CASTLEFORD CT.  NRGWOOD FL 32779  City  FL Zip Code  City  FL		lale	City & Stale	<del>-</del>		Applied For
6. Name and Address of Cutrent Registered Agent  T. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL	Z)p			Country		Not Applicable Additional
Size Address (P.O. Box Number in Not Acceptable)  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered office or registered open, or both, in the State of Florida.  NATURE  Bigistum, hyeed or printed name of registered Agent and Italy of spinoston.  (NOTE: Registered Agent agentum required when remaining)  Date  This exponention is eligible to extently its Inten- gible Tax filing requirement and elects, to do so.  (All FRANCE, 1998 Note 1899 to 1999 to		6. Name and Address of Currer	nt Registered Agent		! Fe	Required d Agent
SINGRAMOOD FL 32779  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  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.  NATURE  Signature, peed or provide name of registered agent and the if spiciobe.  NATURE  Signature, peed or provide name of registered agent and the if spiciobe.  NATURE  Signature, peed or provide name of registered agent and the if spiciobe.  NATURE  Signature, peed or provide name of registered agent and the if spiciobe.  NATURE  Signature, peed or provide name of registered agent and the if spiciobe.  NATURE  Signature, peed or provide name of registered agent and the if spiciobe.  NATURE  Signature, peed or provide name of registered agent and the inspiration registered depart, or both, in the State of Florida.  NATURE  Signature, peed or provide name of registered agent and spiration registered depart, or both, in the State of Florida.  NATURE  Deleter  NATURE  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE TADORESS TO OFFICERS AND	HUWAJ	A, AMYN		Name		
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.  INATURE  Signature, speed or printed name of registered agent and the of applicable. (NOTE: Registered Agent agnature required when einstaking)  Date  This corporation is oligible to earliefy its Inten- gible Tar filting requirement and elects, to do so.  Signature and the elects to do so.  Signature progression is oligible to earliefy its Inten- gible Tar filting requirement and elects, to do so.  Signature and the elects to do so.  Signature required when einstaking)  Director  Signature and the elects to do so.  OFFICERS AND DIRECTORS  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  The ADDITIONS/CHANGES TO OFFI	ONGWO	OD FL 32779		Street Address	a (P.O. Box Number is Not Acceptable)	<del></del> -
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.  INATURE  Signature, speed or printed name of registered agent and the of applicable. (NOTE: Registered Agent agnature required when einstaking)  Date  This corporation is oligible to earliefy its Inten- gible Tar filting requirement and elects, to do so.  Signature and the elects to do so.  Signature progression is oligible to earliefy its Inten- gible Tar filting requirement and elects, to do so.  Signature and the elects to do so.  Signature required when einstaking)  Director  Signature and the elects to do so.  OFFICERS AND DIRECTORS  The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  The ADDITIONS/CHANGES TO OFFI						
INATURE    Signature, typed or printed name of registered agent and the if applicable.   INOTE: Registered Agent agent are required when reinstating)   Date					<u> </u>	Zip Code
Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating)  Date This corporation is eligible to eatisty its inten- gible Tax filling requirement and elects to do so.  See origina on bach)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Director KHUWAJA, AMYN  TARGET ADDRESS  25. N. CASTLEFORD CT. STREET ADDRESS  DIRECTOR CT. STREET ADDRESS  TOURSWOOD FL 32779  Director KHUWAJA, NASEEM  TARGET ADDRESS  TOURSWOOD FL 32779  Delete TILL  NAME STREET ADDRESS  ST	The above	e named entity submits this statemen	nt for the purpose of chang	ging its registered office of	or registered agent, or both, in the State of Flo	ida
This corporation is eligible to eatiety its Inter- gible Tax Rings requirement and elects to do so.  Sartir NAY 1, 2008 Per will be \$55.00  Sartir NAY 1, 2008 Per will be \$55.00  Director  KHUWAJA, AMYN  ET ADDRESS  LONGWOOD FL 32779  Director  KHUWAJA, NASEEM  TABORESS  Director  KHUWAJA, NASEEM  TABORESS  Delete  TILE  NAME  STREET ADDRESS  GIY, 67, 2P  Delete  TILE  NAME  STREET ADDRESS  GIY, 67, 51, 2P  TILE  NAME  STREET ADDRESS  GIY, 67, 51, 2P  TILE  NAME  STREET ADDRESS  GIY, 67, 51, 2P  TILE  NAME  STREET ADDRESS  GIY, 67, 67, 51, 61, 62, 62, 63, 64, 64, 64, 64, 64, 64, 64, 64, 64, 64	SNATURE					lega.
glibit Tax filing requirement and electic to do so.    Mark Na.Y., delif Fee with 16 SEC.00	This corpo	ration is clinible to settle the	200000000000000000000000000000000000000		Agont signature required when reinstating)	Date
OFFICERS AND DIRECTORS  DIRECTORS  DIRECTOR  DIRECTOR  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11  ET ADDRESS TO OFFICERS TO O	gible Tax t	filing requirement and elects to do so	FILENOY	XIII FEE (3.5150,00	10. Election Campaign Financing	
Director KHUWAJA, AMYN Delete TADDRESS 258 N. CASTLEFORD CT. UNGWOOD FL 32779 Director KHUWAJA, NASEEM TADDRESS TO Delete TITLE NAME STREET ADDRESS TO STREE	(See criter	ia on back)	Make Check Paier	one ree was be \$550.00 Big to December	True! Guest Constitute	
KHUWAJA, AMYN  ET ADORESS  ET ADORESS  TABLE ADORESS  ADDRESS  ADD		OFFICERS AND	DIRECTORS		alboys (	
258 N. CASTLEFORD CT.  Director  KHUWAJA, NASEEM  THE  Delete  TITLE  ADDRESS  ADDRE	<b>.</b>		Delete	TITLE	, · · · · · · · · · · · · · · · · · · ·	
Director KHUWAJA, NASEEM Delate Trabbrisss 258 N. CASTLEFORD CT. LONGWOOD FL 32779  Delete TITLE STREET ADDRESS CITY.ST. 2P  Delete TITLE Change Addition  AMAL ADDRESS  Delete TITLE Change Addition  Addition  AMAL ADDRESS  Delete TITLE Change Addition  Addition  AMAL ADDRESS  Delete TITLE NAME CHANGE ADDRESS  Delete TITLE NAME ADDRESS TITLE TADDRESS CITY.ST. 2P TITLE NAME ADDRESS TITLE TADDRESS CITY.ST. 2P TITLE NAME TITLE TADDRESS		258 N CASTLEFORD OF		NAME	[] Char	ge Addition  Ge Addition
Director KHUWAJA, NASEEM Z58 N. CASTLEFORD CT. BT.29  Delete TMANE  Delete TMLE  Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TMLE Delete TMLE TM		ONGWOOD EL 2272		STREET ADDRESS		
KHUWAJA, NASEEM  258 N. CASTLEFORD CT. LONGWOOD FL 32779  Delete TITLE  MAME  Change Addition  Addition  TADDRESS  TITLE  MAME  Change Addition  Addition  Addition  TITLE  MAME  Change Addition  Addition  Addition  Addition  Addition  ADDRESS  TITLE  Delete TITLE  NAME  CHANGE Addition  Addition  ADDRESS  TITLE  Delete TITLE  NAME  CHANGE Addition  Addition  ADDRESS  TITLE  ADDRESS  Delete TITLE  NAME  STREET ADDRESS  CITY. 87 - 2IP  Delete TITLE  NAME  STREET ADDRESS  CITY. 87 - 2IP  Delete TITLE  NAME  STREET ADDRESS  TITLE  TITLE  Change Addition  Addition  ADDRESS  TREET ADDRESS  TITLE  TITLE  ADDRESS  TREET ADDRESS  TITLE  TITLE  ADDRESS  TREET ADDRESS	*** - <u>C(IF</u>	Director		C/TY - RT - 2IP		
TADDRESS 258 N. CASTLEFORD CT.  STREET ADDRESS GTY-ST-ZEP  Delete TITLE MANE  ADDRESS Delete TITLE  ADDRESS CITY-ST-ZEP  Change Addition  Addition  ADDRESS CITY-ST-ZEP  Change Addition  ADDRESS STREET ADDRESS CITY-ST-ZEP  CHANGE Addition  ADDRESS STREET ADDRESS CITY-ST-ZEP  CHANGE ADDRESS CITY-ST-ZEP  ADDR			Delete	TITLE		<del></del>
Deleta TITLE MAME TADDRESS TREET ADDRESS CITY-ST_ZIP Deleta TITLE TADDRESS TREET ADDRESS CITY-ST_ZIP Deleta TITLE TADDRESS TREET ADDRESS CITY-ST_ZIP Deleta TITLE TADDRESS TREET ADDRESS TREE		258 N CASTI EEODO OT		NAME	Chan	⊒8Addition
Delete MANE STREET ADDRESS  Delete TITLE NAME STREET ADDRESS  ADDRESS  Delete TITLE NAME STREET ADDRESS  CITY - ST - ZIP  Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP  Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP  Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP  Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP  Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS	8T. 7IP	LONGWOOD EL 33770		STREET ADDRESS		
TADDRESS  STREET ADDRESS  Delete TITLE  NAME STREET ADDRESS  CITY - ST - 2IP  Delete TITLE  NAME STREET ADDRESS  CITY - ST - 2IP  Delete TITLE  NAME STREET ADDRESS  CITY - ST - 2IP  Delete TITLE  NAME STREET ADDRESS  - 2IP  Delete TITLE  NAME STREET ADDRESS  STREET ADDR	,	==-101.00DFL 32/79	·	CITY-ST-ZIP		
STREET ADDRESS  GITY - FIT - ZIP  Delete  ITILE  ADDRESS  ADDRESS  Delete  TITLE  Delete  TITLE  ADDRESS  ADDRESS  ADDRESS  Delete  TITLE  Delete  TITLE  ADDRESS  AD	1		Delete			— <del>, , ,</del>
STREET ADDRESS  CITY - ST - ZIP  Delete TITLE  ADDRESS  CITY - ST - ZIP  Change Addition  ADDRESS  TITLE  ADDRESS  STREET ADDRESS  CITY - ST - ZIP  TITLE  Change Addition	TADORESS			NAME		
Delete TITLE  NAME  STREET ADDRESS  CITY ST - ZIP  Delete TITLE  NAME  ADDRESS  ADDR	RT - ZIP	_		STREET AUDRESS		
ADDRESS T. ZIP  Delete TITLE NAME STREET ADDRESS CITY. ST. ZIP  CITY. ST. ZIP  Delete TITLE NAME STREET ADDRESS TREET ADDRESS STREET				CITY - ST - ZIP	<u> </u>	
Delete TITLE  ADDRESS  ADDRESS	1		L Delete	πιε	Chane	<del></del>
Delete TITLE NAME STREET ADDRESS  Delete TITLE NAME STREET ADDRESS  CITY - ST - ZIP  Delete TITLE NAME STREET ADDRESS  CITY - ST - ZIP  Delete TITLE NAME STREET ADDRESS  CITY - ST - ZIP  Change Addition  Addition  Addition  Addition  Addition  Addition  Treeby 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 name appears in Block 11 or Block 12 if changed or brustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my  NATURE:  Addition	ADDRESS			NAME		Addition
Delete TITLE NAME STREET ADDRESS  COTY - ST - ZIP Delete TITLE NAME STREET ADDRESS  COTY - ST - ZIP  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Addition  Addition  Change Addition  Change Addition  Addition  Addition  Change Addition  Change Addition  Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition  Change Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition	T - ZIÞ			STREET ADDRESS		
ADDRESS  ADDRESS  Detete  TILE  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition	- 1			CITY - ST - ZIP		
Delete TILE  ADDRESS  ADDRESS  Delete TILE  AME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY - ST - ZIP  LOCA  Addition  Addition  Addition  Addition  Addition  AME  STREET ADDRESS  STREET ADDRESS  CITY - ST - ZIP  CITY - ST - ZIP  In 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 appears in Block 11 or Block 12 if changed or an attachment with an address, with all other like empowered.  NATURE:			Delete	TITLE		<del>-                                      </del>
Delete TILE  NAME  STREET ADDRESS  Freely 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 name of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my appears in Block 11 or Block 12 if changed or an attachment with an address, with all other like empowered.	ADDRESS				Change	' II Addition
Delete TILE  NAME  STREET ADDRESS  GETY - 51 - ZIP  Treation indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the name 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 appears in Block 11 or Block 12 if changed or an antachment with an address, with all other like empowered.  NATURE:  Change Addition  Addition  Addition  Addition  Change Addition	- <u>216</u>			[		
STREET ADDRESS  reby 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 name of the corporation or the receiver or trustee empowered to execute this report as required by Chepter 607, Florida Statutes; and that my address, with all other like empowered.	İ		İßeret			
STREET ADDRESS  If each 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 matter of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my signature shall have the same legal effect as if made under oath; that he appears in Block 11 or Block 12 if changed or an attachment with an address, with all other like empowered.		•			Change	A 2.500
ready certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the man an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, if find under oath; that he appears in Block 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.	ADDRESS				Criange	Addition
AATURE:	- ZIP			STREET ADDRESS		
AATURE:	ereby certif	y that the information supplied with the	his filing does not quality	CITY-S) , ZIP	<del></del>	
AATURE:	nna(/on inc	alcated on this report or supplementa	report is true and accura	or the exemption stated in	Section 119.07(3)(i), Florida Statutes   finals	S codific that it
NATURE: A Statutes; and that my	v an oil <b>ce</b> l	or director of the corporation or the	receiver or trustee empow	re and that my signature	shall have the same legal effect as if made un	der cath: the
NATURE: ( )	L- b-met 9	or Block 12 if changed	by on an attachment with a	on address, with all other	m as required by Chapter 607, Florida Statutes	; and that my
MATURE: YIRATURE WILL AND OLAR			2-	. The bit Guigi	· · · · · · · · · · · · · · · · · · ·	ĺ
	MY I UF	(E: — (A)	<u></u>	<u>_</u>	4189100 100	المران الديم
Pate Pate						