## 2003 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 19, 2003 8:00 am Secretary of State

•	MENT # ame	F P01000052871	l				· I	3 90139 004	***150.00
Shahzaib Ir	nc								
Principal Place of Business Mailing Address 258 N Castleford Ct 258 N Castleford 0						•	ουσοσται		
Longwood, 32779	FI		Longwoo 32779	d, Fl					•
2. Principal	Place of Bu	siness	3. Mailing A	Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State				4. FEI Number Applied For 59-3721175 Not Applicable		
Zip		Country	Zip		Countr	У	5. Certificate of Status Desired	\$8.75 Fee Requ	Additional
6.	Name and	Address of Current	Registered A	Agent		7	Name and Address of New Ro		
						Name -	- The second of		_
KHUWAJA, 258 N. CAS LONGWOC	STLEFORD					Street Addre	ess (P.O. Box Number is Not Ac	ceptable)	
						City		FL	p Code
						1			
8. The above	ve named en	tity submits this state	ment for the	purpose o	f changing	g its registere	d office or registered agent, or b	oth, in the Stat	e of Florida.
SIGNATURE	Signature how	ed or printed name of registe	rod poort and titl	s if applicable	, (NOTE	E: Bogistored Age		D-4-	
O TI:							nt signature required when reinstating)	Date	
		gible to satisfy its equirement an <u>d el</u> ects		file now	III FEE IS	\$160,00	91952197 5459545		
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•	(See criteria		F131211131211111111111		19:4:4:4:4:4:4:4:4:4:	II be \$550.00 artment of State	969954545 <b>8</b>		<b>00</b> May Be ided to Fees
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3. 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 changed, or on a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03

407 ~ 571-3453

Daytime Phone #