2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000056664 **DOCUMENT #** 1. Entity Name



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90094 025 ***150.00

LORD SHEBA INVSTEMENT GROUP, INC.											
Principal Place of Business 13190 W STATE RD 84 DAVIE FL 33325		1319	Mailing Address 13190 W STATE RD 84 DAVIE FL 33325				20016476				
2. Principal P	lace of Business	3. Mai	3. Mailing Address			\neg					
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City	City & State				4. FEI Number 65-1111965 Applied For Not Applicable			·	
Zip	Country 21	Zip		Country	у .		5. Certificate of Status Desired		8.75 Addee Require		
6. Name and Address of Current Registered Agent					Name		7. Name and Address of New	Registered Ag	ent		
MOGHAĎ	DAM, MEHRDAD F				Name						
	STATE RD 84					Street Address (P.O. Box Number is Not Acceptable)					
DAVIE FL 33325											
DANE TE GOOLS				-	City			FL	Zip Cod	е	
	named entity submits this ions of registered agent.	s statement for the purp	cose of changing its re	egistered	office or reg	istered	d agent, or both, in the State of F	lorida. I am fa	I niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of	f registered agent and title if app	olicable. (NOTE:	Registered A	Agent signature rec	quired w	when reinstating)	DATE			
•			T	****							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign F Trust Fund Contributi	~	\$5.0 Added	0 May Be I to Fees	
10. OFFICERS AND D			DIRECTORS 11.				ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOGHADDAM, MEHF 13190 W STATE RD DAVIE FL 33325		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			1	☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	ADDRESS			(☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. See the Control of		☐ Delete	NAME STREET CITY-S	ADDRESS T-ZIP		Leono		Change _	Addition.	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-ST	ADDRESS T- ZIP				Change	Addition	

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.