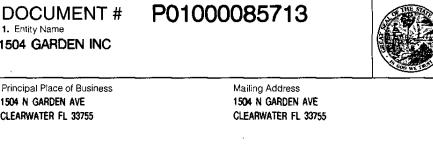
## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91373 016 \*\*\*150.00

2003	<b>FOR</b>	<b>PROFIT</b>	CORPO	RATION
UNIFO	RM B	USINES:	S REPO	RT (UBR)

**DOCUMENT#** 

1504 GARDEN INC



			100 W			
Principal Place 1504 N GARD CLEARWATER		Mailing Address 1504 N GARDEN AVE CLEARWATER FL 33755	<del></del>			
		,			ı	
2. Principal f	Place of Business	3. Mailing Address		T HURINOUS IN BOTTOU INDIA BOTTO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 75-2991763 Applied For Not Applicab	ole	
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent		
SAMAHA,	AKRAM			ASHIM SULLAIMAN		
10730 N S				ddress (P.O. Bex Number is Not Acceptable)		
TAMPA FL						
	Ϋ́ .		CityCU	EARWATER FL Zip Code	_	
8. The above	named entity submits this statement	for the purpose of changing its		registered agent, or both, in the State of Florida. I am familiar with, and accep	<u>حہ</u> اد	
the obliga	tions of registered agent.					
SIGNATURE	Mashum Julla	enon				
7	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signatur	uré required when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Re		
	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
Make Check	k Payable to Florida Department	of State				
		1				
. 10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
TITLE	DPS	1	TITLE	T ☐ Change 🔀 Addition	 on	
	DPS SULLAIMAN, HASHIM	D DIRECTORS	TITLE		n n	
TITLE NAME	DPS	D DIRECTORS	TITLE	T ☐ Change 🔀 Addition	on	
TITLE NAME STREET ADDRESS	DPS SULLAIMAN, HASHIM 1504 N GARDEN AVE	D DIRECTORS	TITLE NAME STREET ADDRESS	CHARWATER, FL 33755		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SULLAIMAN, HASHIM 1504 N GARDEN AVE CLEARWATER FL 33755 DVT AVOSE, SULLAIMAN	D DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARWATER, FL 33755		
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12. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP