2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an agdress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # F9900000945 Apr 20, 2000 8:00 am Secretary of State HEEBAH TRADING CORPORATION 04-20-2000 90068 027 ***150.00 Mailing Address Principal Place of Business 1908 W. FARWELL 1908 W. FARWELL CHICAGO IL 60626-3103 CHICAGO IL 60626 2. Principal Place of Business 3. Mailing Address 2792 MICHIRAN AUG 2792 FLORIDA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 408-410 Applied For City & State 4. FEI Number 36-4249418 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOHE BAHGDA, ABDUL J Street Address (P.O. Box Number is Not Acceptable) 2792 MICHIGAN AVE. #412 KISSIMMEE FL 34744 Zip Code 8. The above named entity sulpmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) tura, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE AHMED, FOUZIA B NAME NAME STREET ADDRESS STREET ADDRESS 1908 W. FARWELL CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60626 ☐ Change Addition ☐ Delete TITLE. TITLE AHMED, ZAFAR NAME NAME STREET ADDRESS STREET ADDRESS 1908 W. FARWELL CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60626 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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