2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 04, 2002 8:00 am Secretary of State G86680 DOCUMENT # 1. Entity Name AGHA CORPORATION 03-04-2002 90035 010 ***150.00 Principal Place of Business Mailing Address 13730 SW 88 STREET 13730 SW 88 STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2419337 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, JACK C. Street Address (P.O. Box Number is Not Acceptable) 13422 S. W. 128TH STREET SUITE 218 730 N. Kendall MIAMI FL 33186 8. 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 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, 2002 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 11. OFFICERS AND DIRECTORS ()WWERD Delete TITLE: TITLE Naseer Rehan Dunkin Donuts, 13730 N. Kendall Drive NASEER, MUHAMMED NAME NAME 13730 N KENDALL DR. STREET ADDRESS STREET ADDRESS MIAMI FL Miami FL 33/86 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Nascer, Nighat Dunkin Donats, 13730 N. Kendall Drive NASEER, NIGHAT NAME NAME 9600 SW 122 AVE STREET ADDRESS STREET ADDRESS MIAM! FL Miami. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Naseer, Farhan Dunkin Donots, 13730 N. Kundal Drive NAME NAME STREET ADDRESS STREET ADORESS FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F 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

FILED

Daytime Phone #