2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING C

FILED Mar 06, 2002 8:00 am secretary of State K81756 DOCUMENT # 1. Entity Name MANAGEMENT SYSTEMS CONSULTANTS, INC. 03-06-2002 90113 032 ***150.00 Principal Place of Business Mailing Address 13880 SW 68 AVE. 13880 SW 68 AVE. MIAM! FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address 3880 3880 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0114413 Michmi 1ami Not Applicable Country 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 AFSHARI. SHARAREH Street Address (P.O. Box Number is Not Acceptable) 13880 SW 68 AVE. **MIAMI FL 33158** City Zip Code 8. The above named entity submits this statement for the purp se of nanging its registered office or registered agent, or both, in the State of Florida. SHARAREN SIGNATURĘ Signature, typed or printed name of registered agent and title if also (NOTE: Registered Agent signature required when reinstating) able. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition SHARAREH, AFSHARI NAME NAME 7925 S.W. 165 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change GHARAGUZLOO, HAMID M NAME NAME 13880 SW 68 AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME 3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 neceiver 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 an attack ment with an address with all other like empowered.

Date

Daytime Phone #