NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

"AMENDED UBR" DOCUMENT # NO1000004125 02 JUN -7 PM 1: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA ANSAR-UD-DEEN SOCIETY OF FLORIDA, INC. DO NOT WRITE IN THIS SPACE 200005895702--6 -06/21/02--01006--004 2. Principal Place of Business

10031 PINES BLVD. 3. Mailing Address P.O. BOX 173582 *****70.00 *****70.00 DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. SUITE 210 Applied For 4. FEI Number -3041883 PEMBROKE PINES, FL MIAMI, F Not Applicable Country \$8.75 Additional 33017 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent ABIODUN MIKAIL DO NOT WRITE IN THIS SPACE 33023 MIRAMAR 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. ABIODUN MIKAIL **SIGNATURE** Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. CR2E037B (12/01 TITLE MEBISI, SURAJ M. (ALHAJ) NAME NAME STREET ADDRESS STREET ADDRESS 5881 N.W. 192ND STREET MIAMI, FL. 33015 CITY-ST-7IP CITY-ST-ZIP TITLE ADEYEMI, WAZIRI (ALHAJ) NAMÉ NAME 1290 N.W. 116 TERRACE MIAMI, FL. 33169 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE QUADRI, MIKAIL A. (ALHAJ) NAME NAME 2507 ACAPULCO DRIVE STREET ADDRES STREET ADDRESS DO NOT WRITE CITY-ST-ZIP · CITY - ST - ZIP MIRAMAR, PL TITLE TITLE ARANDE MOHAMED IN THIS SPACE NAME NAME 6361 S.W. 34TH MIRAMAR, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP is TITLE TITLE SALVADOR, QUADR 20100 N.W.36CO OPA-LOCKA, FL. 3 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP OLADIMEJI S. AKINLABI NAME NAME 2117 S.W. STREET ADDRESS STREET ADDRESS MIRAMAR, CITY - ST - ZIP CITY - ST - ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

Suraj m. adebisi

SIGNATURE: -

25/02/