

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000000953

FILED
Apr 20, 2002 8:00 AM
Secretary of State

Entity Name: INTERNATIONAL BELIEVER'S CIRCLE INC.

Current Principal Place of Business:

1652 BRICKYARD ROWD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1652 BRICKYARD ROWD
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3429103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAHEED, MIAN A
1652 BRICKYARD ROWD
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QURESHI, IKRAM
Address: 408 E. HWY 90
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: WAHEED, MIAN
Address: 1652 BRICKYARD ROWD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: ANEES, MOHAMMAD
Address: 1652 BRICKYARD ROWD
City-St-Zip: CHIPLEY, FL 32428

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ISMAIL, AHMAD
Address: 110 E.BYRD AVE.
City-St-Zip: BONIFAY, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANEES, MOHAMMAD
Address: 110 JERNIGON AVE.
City-St-Zip: BONIFAY, FL 32425

Title: D () Change (X) Addition
Name: IDREES, MOHAMMAD
Address: 1454 BELLAIRE LANE
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIAN A WAHEED

D

04/20/2002

Electronic Signature of Signing Officer or Director

Date