FILED
May 24, 2002 8:00 am
Secretary of State

05-15-2002 90083 007 ****50.00
05-24-2002 91334 010 ***100.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006071

1. Entity Name

JAHARA FOOD INC.

Principal Place of Business	Mailing Address
5312 N STATE ROAD 7 FT. LAUDERDALE FL 33319	5312 N. STATE ROAD 7 FT LAUDERDALE FL 33319

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 317 71ST STREET
City & State	City & State MIAMI BEACH FL
Zip / Country	Zip 33141 / Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0981327 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIOTRKOWSKI, JOEL S
317 71 ST STREET
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax requirement and elects to do so. (See on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MOHAMMED MALIK STREET ADDRESS: 5312 N. STATE ROAD 7 CITY-ST-ZIP: FT LAUDERDALE FL 33319	☐ Delete	TITLE: P NAME: MOHAMMED MALIK STREET ADDRESS: 737 JEFFERSON AVE #102 CITY-ST-ZIP: MIAMI BEACH FL 33139	[X] Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Vice President NAME: MOHAMMED A HUSSAIN STREET ADDRESS: 1045 6TH STREET # 4 CITY-ST-ZIP: MIAMI BEACH FL 33139	☐ Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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

SIGNATURE: M Abdeel Malik MOHAMMED MALIK — 04-25-02 — 305-532-8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #