2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 16, 2003 8:00 am Secretary of State		
DOCUMENT # P0000017161 1. Entity Name FMJ SUBS CORP.					Secretary of State 04-16-2003 90127 042 ***150.00		
2190 S UNIVE FORT LAUDER	RDALE FL 33314	Mailing Address 11471 S. SAMPLE RI CORAL SPRINGS FL					
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State	City & State		4. FEI Number 65-0990479 Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent	1		7. Name and Address of New Registered Agent		
				Name			
AMIN, MUHAMMAD 11471 S. SAMPLE RD., SUITE 30 CORAL SPRINGS FL 33065				Street Address (P.O. Box Number is Not Acceptable)		
ge v				City	FL Zip Code		
SIGNATURE .	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	,	(NOTE: Registered	d Agent signature required	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
	c Payable to Florida Department OFFICERS AN		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMIN, MUHAMMAD 11471 S. SAMPLE RD., SUITE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAMI STRE		☐ Change ☐ Addition	5034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition	CR2E034	
TITLE		☐ Delete	TITLE		. Change Addition		
STREET ADDRESS CITY-ST-ZIP	of amount train, despring		STRE	ET ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	- 1	I .	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE		☐ Change ☐ Addition		

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 of vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

REQUIRED

Daytime Phone #