FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90503 007 ***150.00

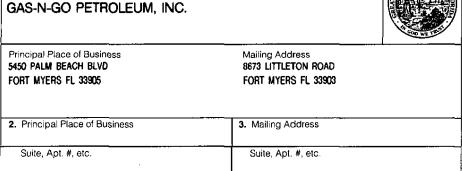
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000018711 DOCUMENT #

1. Entity Name

City & State

Zip



City & State

Zip

|--|--|

	4. FEI Number 65-0983401	Applied For
	0070983401	
/ 	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	7. Name and Address of New Registere	d Agent
Name	•	
Street Addres	s (P.O. Box Number is Not Acceptable)	

RASHID, MUNAF 8673 LITTLTON ROAD N. FORT MYERS FL 33903

	City	FL	Zip Code
stere	d office or registered agent, or both, in the State of Florida.	I am fan	niliar with, and accept

Trust Fund Contribution.

8. The above named entity submits this statement for the purpose of changing its regi the obligations of registered agent.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10.	<u></u>	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	5 IN 11
TITLE	PSD MANAGE	Delete	TITLE	☐ Change	☐ Addition
NAME	RASHID, MUNAF		NAME	•	
	3941 S.W. 144 TI		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 330	27	CITY-ST-ZIP		
TITLE	•	☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS	,		STREET ADDRESS		ļ
CITY-ST-ZIP	-		CITY-ST-ZIP		İ
TITLE	-:	Delete	د میجید م TITLE*	- Change	☐ Addition
NAME		N. 44	NAME		
STREET ADDRESS			STREET ADDRESS		}
ÇITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	Addition
NAME			NAME	,	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	1		CITY-ST-ZIP		ì
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	Addition
NAME			NAME		J
STREET ADDRESS			STREET ADDRESS		}

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 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

CITY-ST-ZIP

SIGNATURE:

CHTY-ST-ZIP