FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000-000-46-476

FILED Jun 11, 2002 8:00 am Secretary of State 06-11-2002 90393 009 ***150.00

1. Entity Nam	e		•	1		00-11-2	002 90393 009	130.00	
-	ORA INC. DO NOT WRITE	IN THIS SI	PAC	Έ					
	·		- 						
2. Principal Place of Business 1832 Manatee Ave. East 1832 Manatee			e Av	. Past					
Suite, Apt. #, etc. Suite, Apt. #, etc.			/ (DO NOT W	RITE IN THIS SPAC	Œ	
City & State		City & State			4	FEI Number		Applied For	
City & State	enton, FL	Bradenton	, PL	_		65-1021-30	[Not Applicable	
Zip 3420	Country	Zip 34208	Coun	try	5.	Certificate of Status Desired		75 Additional Required	
	<u> </u>		!		7. N	lame and Address of Curre	nt Registered Age	ent	
	DO NOT WE	\		Name (REHA	N MOHAMMA	·D		
DO NOT WRITE				Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SPA	ACE			** 10.410	A DEC TO CAPE			
		. •		City Par	aden	+~	FL	Zip Code 34 と8	
8 The above	named entity submits this statement for the	ne nurnose of changing its	register				l.	34706	
SIGNATURE	and the second	Rehan N	Aoh	OWWQ	<u>a </u>	STO		21-02	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) January 1 - May After May 1, Amended to Make Check Payable				is \$550.00 is \$61.25		10. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
11.	OFFICERS AND DI	RECTORS	7171		·····				
TITLE NAME	PD BATU, HUSSAIN A	•	: TITLI : NAM	i i					
STREET ADDRESS	1832 Manatee Av. B	ast	•	EET ADDRESS					
CITY-ST-ZIP	Bradenton, FL 342	<u> </u>		-ST-ZIP					
TITLE NAME	STD REHAN, MOHAMMA	0	TITU NAM						
STREET ADDRESS	1832, Manatee Av 8	ast		ET ADDRESS		v.			
CITY-ST-ZIP	Bradenton, FL 3		CITY	-ST-ZIP					
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TITLE			TITL			IN THIS	SPACE		
NAME			NAM	ET ADDRESS			J: //VL	-	
STREET ADDRESS CITY-ST-ZIP			•	-ST-ZIP					
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NAME			NAM	1					
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NAME			NAM	F					
STREET ADDRESS			ı	ET ADDRESS					
CITY-ST-ZIP	<u> </u>			-ST-ZIP					
13. hereby o	certify that the information supplied with the	is filing does not qualify fo	r the exe	mption stated	In Section	n 119.07(3)(i), Florida Statute	s. I further certify the	hat 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH28DH

247-748-2922

Daytime Phone #