FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91909 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064749

1. Entity Name
ARIF USA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
131 Lock Road		131 Lock Road	
Suite, Apt. #, etc. 5		Suite, Apt. #, etc. 5	
City & State: Deerfield Beach FL		City & State: Deerfield Beach FL	
Zip: 33442	Country:	Zip: 33442	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1021335 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HAQUE, ARIFUL

Street Address (P.O. Box Number is Not Acceptable): 131 LOCK ROAD #5

City: DEERFIELD BEACH FL Zip Code: 33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	TITLE	
NAME	HAQUE, ARIFUL	NAME	
STREET ADDRESS	131 LOCK ROAD #5	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	ARIF, KHADIJA	NAME	
STREET ADDRESS	131 LOCK ROAD #5	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: [signature] 3/18/03 305-296-8393

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