2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Mar 26, 2002 8:00 am § Secretary of State DOCUMENT # P00000064984 1. Entity Name 03-26-2002 90100 044 ***150 SHUMI ENTERPRISES INC. Principal Place of Business Mailing Address 1500 S VENICE BY PASS 1500 S VENICE BY PASS R0051657 VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State 4. FEI Number City & State Applied For 65-1020950 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent +AW SPIEGEL & UTRÉRA, P. Street Address (P.O. Box Number is Not Acceptable 343 ALMERIA AVENUE CORAL GABLES FL Zip Code 경소 1 1 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 ...10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) PATWARY, MOHAMMED M NAME NAME 6732 HARTLAND STREET STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition NAME NAME Patwarty, arifur STREET ADDRESS STREET ADDRESS 6732 HARTLAND STREET CITY-ST-ZIP CITY-ST-ZIP 32114. FORT MYERS FL 33912 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition FITLE ☐ Change NAME NAME *STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #