## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

• · · · · · · · · · · · · · · · · · · ·	<del></del>						
DOCUMENT # PO0000068363				FILED SECRETARY OF STA	ATE .		
1. Entity Name KADASA Associates Inc., NJA				DIVISION OF CORPORA			
				02 SEP -9 AM 9: 45			
		,	-		: .	.*	
DO NOT WRITI	E IN THIS S	PACE					
2. Principal Place of Business	3. Mailing Address						
3720 Daggerwing Ct. PO Bex 5		<u> ५४५।</u>					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Tallahassee, FL TAllahassee		1 FL	4.	4. FEI Number		Applied For Not Applicable	
Zip 3 2309 Country	32314	Country	5.	Certificate of Status Desired		75 Additional Required	
· · · · · · · · · · · · · · · · · · ·	ξ.	Name	_	ame and Address of Current F		nt	
DO NOT WRITE				(P.O. Box Number is Not Acceptable)			
		City -	Tall - 1	cca C	FL Z	ip Code	
8. The above named entity submits this statement,	for the purpose of changing its	s registered office o	r registered ag		1	35300	
Azban	4.4						
SIGNATURE Signature, typed or printed parts of registeres age	nt and title if applicable. (NO	TE: Registered Agent signa	ture required when re	einstating)	DATE C	002	
9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)	After May	May 1 Fee is \$15 y 1, Fee is \$550.0 ed UBR is \$61.25 ble to Departmen	0	10. Election Campaign Fina Trust Fund Contribution.	· -	\$5.00 May Be Added to Fees	
11. OFFICERS AN	D DIRECTORS						
	orahim, fresid	en ctitle. Name		e ·		(12/0	
STREET ADDRESS 3720 Dagger 1	wing ct.	STREET ADDRESS CITY-ST-ZIP			٠	CR2E034B (12/01)	
TITLE Hawa Ibrahim		TITLE NAME					
NAME STREET ADDRESS CITY-ST-ZIP Tallahussee, Fh 32309				a a	•		
	1 74 323 04 ahim (V)	CITY-ST-ZIP					
NAME STREET ADDRESS 2 800 Main S	st ·	NAME STREET ADDRESS				<u>.</u>	
city-st-zip Tallahassee,	FL 32303	CITY-ST-ZIP		DO NOT	NRITE	•	
NAME FADIORA ROS	Himi (Assed)	TITLE NAME		IN THIS S	PACE	•	
STREET ADDRESS CITY-ST-ZIP Tallahassee,	E1 37210	STREET ADDRESS CITY-ST-ZIP					
TITLE	1-4 0-21	TITLE	Service of the service of	<del>1 9090 /</del> 	<del>5915</del> /02010	<b>36</b> 001	
NAME STREET ADDRESS		NAME STREET ADDRESS	e estantistica de la constitución de la constitució	****	50:00 ***	***150.00 🖙 🚎	
CITY-ST-ZIP TITLE		CITY-ST-ZIP			<del> </del>	* "	
NAME		NAME		v v			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		·	-		
I hereby certify that the information supplied wi indicated on this report or supplemental report	is true and accurate and that	my signature shall l	have the same	legal effect as if made under oa	ath; that I am an	officer or director	
of the corporation or the receiver or trustee en attachment with an address, with all other like e	mpowered to expedite this repo	ort as required by C	mapter 607, FIG	origa statutes; and that my ham	e appears in Bi	OCK ITOTON AN	
SIGNATURE:	BOOTED NAME OF SIGNING OFFICE	OD DIDECTOR		7/10/02	Davtime l	Phone #	



## KADASA Associates, Inc. USA

We Build Success One Step At A Time

59-3753229

I Dr. Adai S. Ibrahim, on behalf of KADASA

Associates Inc., USA did not receive my

2002 UBR.

I have been out of the country on behalf

of FAMU-since January, 2002.

I am therefore requesting that the

I am therefore requesting that the

Yours, Adai S. Ibrahim