2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # P000000 78994 **Secretary of State** 02-13-2001 90618 028 ***150.00 786 RAJA, INC. Principal Place of Business Mailing Address 2551 East Atlandic Blud. Pompano Beach, PC 33062 C0021223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Miami Passport Photo, Inc. Street Address (P.O. Box Number is Not Acceptable) A Florida Corporation 383 East 1st Avenue Hlaleah, FL 33010-4807 (305) 883-4672 City Zip Code 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. SIGNATURE I I Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) SECRETARY ☐ Change **Addition** TITLE ☐ Delete NAME SHAHID SIDDIQUI STREET ADDRESS STREET ADDRESS PO. BOX 661576 MAMI SPRING, CITY-ST-ZIP CITY-ST-ZIP VICE-PRESIDENT ☐ Delete TITLE NAME FOUZIA SIDDIQUI STREET ADDRESS STREET ADDRESS P.O. BOX 661576 CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRING, FO Change Maddition TITLE ☐ Delete TITLE PRESIDENT SYED HASSAN PO. BOX 661576 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FC ☐ Change TITLE ☐ Delete TITLE [Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: SIGNATURE AND TYPED OR DEINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #