200 NIFORM BUSINESS REPORT (UBO) - 02 UBC DOCUMENT # · ρ 00000 79735 SECRETARY OF STATE PAK NEWS, CORP. 02 DEC 13 AM 8: 01 17900 S.W. 141 CT. MIAMI, FC. 33177 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 044795 Not Applicab \$8.75 Additional Country Country Zip Ziα 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FAROORI MOHAMMED Street Address (P.O. Box Number is Not Acceptable) 17900 S.W. 141 CT. MIAMI, FL 33177 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Defete TITLE TITLE FAROOBI MOHAMMED A NAME NAME **30000949**9553 12/13/02-01013-002 **150.00 STREET ADDRESS STREET ADDRESS 17900 S.W. 141 CT. CITY-ST-7IP CITY-ST-ZIP MIAMI, PL. 33177 300009499553^{D Change} 12/17/02--01096--008 **150.00 Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additi TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additi ☐ Defete ME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additi TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change · ☐ Addit ☐ Delete TILE 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 direct 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 of the corporation or the chapter of the corporation of th changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: