FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000 000 86836

1. Entity Name

09-17-2002 90108 002-*****8.75 [09-17-2002 90108 001 ****61.25 P00000086836

/ 02 SEP 23 PM 1: 32

B K LOWE INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	DO NOT WRITE	IN THIS	SPACE		, mee, mood a		409
2. Principal I	Place of Business	3. Mailing Address	n shiri water o. were also remove .	المستعدد ويمام المستروع			
2887 S. University Driv		1 •					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Davie, Florida		City & State Davie, Florida			4. FEI Number Applied For 65 – 1047089 Not Applicable		
Zip	Country	Zip Zip	Country				8.75 Additional
33328	USA _	33328	USA		5. Certificate of Status Desired		ee Required
					. Name and Address of Current I	Registered	Agent
		The state of the s	Na	me Acif Cl	haffar		
	DO NOT W	Str	Asif Ghaffar Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SP			2887 S	. University Dri		
N. Alexan			Cit	Davie		FL	Zip Code 33328
8. The above	named entity submits this statement for	the purpose of chang	ing its registered off	ce or registered	d agent, or both, in the State of Flor	ida.	
SIGNATURE .	Asif Ghaffar		Sun	Sa		9-11-	12
·	Signature, typed or printed name of registered agent a			signature required w	hen reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May: Amended Make Check Payable			11 May 1 Fee is May 1 Fee is \$5 ended UBR is \$6 ayable to Depart	\$150.00 0.00 25 % nent of State	Election Campaign Fina Trust Fund Contribution.	-	\$5.00 May Be Added to Fees
11,	OFFICERS AND I	DIRECTORS	977.70 10	A CLEANER	ela elementario comais	TOTAL PAR	realization and the
TITLE	President/Director						
NAME	Asif Ghaffar			MAME STREET ADDRESS			
STREET ADDRESS	2007 S. University Drive						
CITY-ST-ZIP	Davie, Florida 3	3328	ÇÎTY, SÎ-ZÎP	الملكات المداور معا والمدائدة			
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CITY-ST-ZIP		 	State of the Park	<u> </u>			
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NAME			NAME				
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STREET ADDRESS	•	\	STREET ADORS	ss			
CITY-ST-ZIP		•	CITY-ST-ZİP			:#:	

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 on an

SIGNATURE:

attachment with an address, with all other like empowered.

SIGNATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

(954) 599-3331