

FILED  
Jul 06, 2001 8:00 am  
Secretary of State

05-21-2001 90350 011 \*\*\*150.00

10/15/1988 14136 FROM

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # | P00000088312

1. Entity Name  
HAMAY INVESTMENT GROUP INC (CA)

2. Principal Place of Business      3. Mailing Address

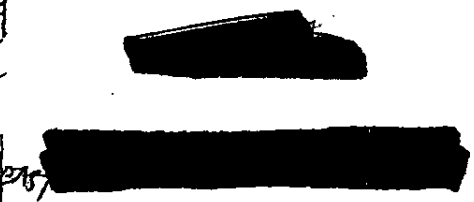
1458 MAIN ST.      1458 MAIN ST.  
CHIPLEY, FL 32428      CHIPLEY FL 32428

2. Principal Place of Business      3. Mailing Address

7901 BAYMEADOWS CIR EAST      7901 BAYMEADOWS CIR EAST  
JACKSONVILLE FL      JACKSONVILLE FL

City & State      City & State

32428      U.S.A.      32256      U.S.A.



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

BINMAHFOOZ, MOHAMMED ALI  
7901 BAYMEADOWS CIR EAST STE 575  
JACKSONVILLE, FL 32256

4. FEI Number      Applied For       Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL      Zip Code: \_\_\_\_\_

9. 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: \_\_\_\_\_  
Signature of officer or director having authority to sign and file this statement      Signature of Registered Agent (signature required when necessary)      Date: \_\_\_\_\_

10. This corporation is eligible to satisfy its franchise tax filing requirements and elects to do so:  (See circles on back)

FILE NOW! FILE IS \$180.00  
After MAY 1, 2001 Fee will be \$200.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
11.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	BINMAHFOOZ, MOHAMMED ALI 1458 MAIN ST. CHIPLEY, FL 32428	12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	BINMAHFOOZ, MOHAMMED ALI 7901 BAYMEADOWS CIR EAST STE 575 JACKSONVILLE, FL 32256
11.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP		12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
11.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP		12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
11.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP		12.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
11.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP		12.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information of this corporation is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation. Or on an attachment with an address, with the name of the empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: \_\_\_\_\_      Deputy Filings # \_\_\_\_\_