

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000091964**

1. Entity Name
AHARI ENTERPRISES, INC.

Principal Place of Business
**1689 EAGLE TRACE BLVD.
PALM HARBOR FL 34685**

Mailing Address
**1689 EAGLE TRACE BLVD.
PALM HARBOR FL 34685**

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Post office box 34356
Suite, Apt. #, etc.

City & State

City & State
Memphis TN 38184

Zip Country

Zip Country
38184-0356 USA

FILED
02 MAY 29 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 01-02


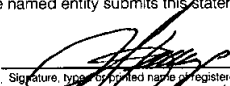
DO NOT WRITE IN THIS SPACE
03/09/01 90474 022
59-3673770

4. FEI Number Applied For
59-3673770 Not Applicable

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

6. Name and Address of Current Registered Agent
**STALLINGS, JODY
1689 EAGLE TRACE BLVD.
PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

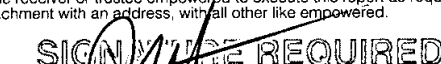
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  DATE **5-9-02**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHARI, FRED 1689 EAGLE TRACE BLVD. PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005763389 -06/12/02--01064--002 ****850.00 ****850.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	adm-850 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  DATE **4-16-02** Daytime Phone **818-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0101773 AV

CR02034 (5/01)