

2009
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P00000095466	
1. Entity Name Friends Fund Rising Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 N New York Ave Suite, Apt. #, etc.		3. Mailing Address 301 N NEW YORK AVE Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State WINTER PARK	
Zip 32789	Country	Zip 32789	Country

FILED

2009 FEB 27 A 9 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

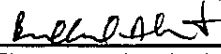
500144615245

02/27/09--01031--003 **150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3674673		Applied For Not Applicable
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name Ahmed Bulbul Street Address (P.O. Box Number is Not Acceptable) 301 N New York Ave. City Winter Park FL Zip Code 32789		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1; Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.
--	---

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bulbul Ahmed 301 N New York Ave Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BULBUL AHMED** **2-23-09**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #