## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P00000101398 DUNK INTERNATIONAL, INC. 04-27-2001 90369 037 \*\*\*150.00 Principal Place of Business Mailing Address 10300 S.W. 72ND STREET, #300 10300 S.W. 72ND STREET, #300 MIAMI FL 33173 MIAMI FL 33173 30V514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 15-1049 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHMED. MUBARIK Street Address (P.O. Box Number is Not Acceptable) 10300 S.W. 72ND STREET, #300 MIAMI FL 33173 Zip Code 8. The above named entity submits this starpment for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 12 PSD TITLE Delete TITLE ☐ Change Addition AHMED, MUBARIK NAME NAME STREET ADDRESS 10300 S.W. 72ND STREET, #300 STREET ADDRESS CITY-ST-71P **MIAMI FL 33173** CITY - ST-ZIP 31718 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP TITLE ☐ Dalete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP

13. Thereby 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. MUBARIK AHMED 4-23.01 (305)279-0403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR