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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000006443

1. Entity Name

UNIVERSITY FLAMERS, INC.

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90216 039 ***550.00

Principal Plac	ce of Business	Mailing Address					
8121 LUCUY/ TEMPLE TER	A WAY RACE FL 33637	8121 LUCUYA WAY TEMPLE TERRACE FL 336	637		13841881 (118418) 11811 28111 28111 28111 28111	: da le d a lson Mi ^{no} s	Biggs ive cap-
	Place of Business UNIVERSITY MALLO	3. Mailing Address 7- 2453 ED4E	WATER D	R.			
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & Stat	A, FL-	City & State DAYTON,	otio		FEI Number 59-369929]	_ 	pplied For ot Applicable
336	12 HILLSBURGH.		Country 6/EENE	5.	Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New Registered	Agent	
BRINKLEY, LINSTER JR ESQ 2350-N 34TH STREET STE 110 ST PETERSBURG FL 33713			Address (P.O.	Box Number is Not Acceptable)	-	_	
			City		FL	Zip Code	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.			.00 550.00	10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.	Α	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOWDHURY, HASNAT 13300 WALSINGHAM ROAD #145 LARGO FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOWDHURY, MOHAMMED H 13300 WALSINGHAM ROAD #145 LARGO FL 33774	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MOHA 2453 DAYT	IDENT AMMED MONIRUZZAMA, EDGEWATER DR.#3 ON, OH-45431	Change V }	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Remi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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: