## FILED Feb 28, 2003 8:00 am Exerctary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT me DUSTRIES		P01000	007445	•			Secretary 02-28-2003 901			
Principal Pla 7549 BROKE ORLANDO FI	_	ss		Mailing Address 7549 BROKERAGE RD. ORLANDO FL 32809							
2. Principal	Place of Busi	ness	1 2	Mailing Address		To.					
								•		, , , , , , , , , , , , , , , , , , , ,	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number <b>59-3700596</b>			pplied For ot Applicable
Zip	Zip Country			Zip Cou		ntry	5.	5. Certificate of Status Desired See Requ		8.75 Ad	ditional
	6. Name	and Addres	s of Current Regi	stered Agent	J		7.	Name and Address of New Regist			
CHADMA	CATICU	وسأسسخس			التسايين	-Name				~-	
Sharma, Satish 7549 Brokerage RD.				Street Address (			s (P.O.	P.O. Box Number is Not Acceptable)			
ORLANDO FL 32809											
•					•	City		100	FL	Zip Cod	
the obliga	ilions of regist	ered agent.	statement for the			ed office or regis  d Agent signature requ		gent, or both, in the State of Florida.	I am fan	niliar with,	and accept
Afte Make Check	r May 1, 200	! FEE IS \$ I3 Fee will b Florida De		de .				Election Campaign Financir     Trust Fund Contribution.	ng 🗆		0 May Be d to Fees
10.	D	OFF	ICERS AND DIRE		11.		Al	DDITIONS/CHANGES TO OFFICERS	S AND D	RECTOR:	3 IN 11
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TITLE NAME Street Address City-St-Zip				□ Delete		ı	***			] Change	Addition
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ITLE IAME ITREET ADDRESS ITY-ST-ZIP		7		☐ Delete	CITY-	T ADDRESS ST-ZIP				Change	☐ Addition
of the corr	coration or the	e receiver or t	ustee empowered					119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the da Statutes; and that my name appe			

SIGNATURE:

SUCCESSION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/

Daytime Phone #