

FILED  
Apr 28, 2003 8:00 am  
Secretary of State


04-28-2003 90977 049 \*\*\*150.00

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

11021802



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P01000031481</b>			
1. Entity Name <b>NEHA, INC.</b>			
Principal Place of Business 3277 N US HWY 441/27 FRUITLAND PARK, FL 34731		Mailing Address 3277 N US HWY 441/27 FRUITLAND PARK, FL 34731	
2. Principal Place of Business		3. Mailing Address <b>7802 Hingepointe Pkwy</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite # 201-B</b>	
City & State		City & State <b>Orlando, FL</b>	
Zip	Country	Zip	Country
		<b>32819</b>	<b>USA</b>
4. FEI Number <b>59-3706092</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ASHFAQ DUGAN, MUHAMMAD</b> 3277 N US HWY 441/27 FRUITLAND PARK, FL 34731		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ASHFAQ DUGAN, MUHAMMAD</b> <b>3277 N US HWY 441/27</b> <b>FRUITLAND PARK, FL 34731</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment written address, with all other like empowered.			
SIGNATURE: _____		Date: <b>4-25-03</b> 352/365-0080	
Signature, typed or printed name of signing officer or director		Daytime Phone #	

CR2E034 (10/02)