2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # P01000038992 1. Entity Name 04-03-2002 90006 014 ***150.00 N H MOTOR, INC. Principal Place of Business Mailing Address B0054487 1053 NE 44 CT 1053 NE 44 CT OAKLAND PK FL 33334 OAKLAND PK FL 33334 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 (O ?) Not Applicable Zip Country \$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 HAMZE, NAZIR Street Address (P.O. Box Number is Not Acceptable) 1053 NE 44 CT OAKLAND PK FL 33334 City Zip Code FL 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. ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete (9/01) TITLE Addition HAMZE, NAZIR NAME NAME 1053 NE 44 CT STREET ADDRESS STREET ADDRESS CR2E034 OAKLAND PK FL 33334 CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE ☐ Change ■ Addition CHAHINE, JAMAL NAME NAME 1225 45TH ST STE 305 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete MLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CHTY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 control of the co 0 11 11

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