FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054236

1. Entity Name

VAHO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

11040990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9385 W ATLANTIC BLVD	9385 W. ATLANTIC BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. FEI Number: 65-1114113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AIDA DANYALI

Street Address (P.O. Box Number is Not Acceptable): 1820 N 50 AVENUE

City: HOLLYWOOD FL Zip Code: 33021

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 reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DIRECTOR AIDA DANYALI 1820 N 50 AVENUE ~~HOLLYWOOD, FL 33021~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIRECTOR HOVIK BOZIK 1820 N 50 AVENUE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD, FL 33021 DIRECTOR JOHN NICHOLS 9360 SUNSET DRIVE SUITE 287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOHN NICHOLS DIRECTOR 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(305) 371-7697