

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000059422

FILED  
Apr 27, 2002 8:00 AM  
Secretary of State

Entity Name: ROWHA ENTERPRISES, INC.

## Current Principal Place of Business:

675 ASHFORD OAKS DRIVE  
SUITE 206  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

675 ASHFORD OAKS DRIVE  
SUITE 206  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

801 SR 436 (W)  
2199  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

801 SR 436 (W)  
2199  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3749124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOHID, AFAK  
675 ASHFORD OAKS DRIVE  
SUITE 206  
ALTAMONTE SPRINGS, FL 32714

## Name and Address of New Registered Agent:

MOHID, AFAK  
801 SR 436 (W)  
2199  
ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE: AAMOHID

04/27/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: MOHID, AFAK  
Address: 675 ASHFORD OAKS DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: MOHID, AFAK  
Address: 675 ASHFORD OAKS DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: MOHID, AFAK  
Address: 801 SR 436 (W)  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change ( ) Addition  
Name: MOHID, AFAK  
Address: 801 SR 436 (W)  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AAMOHID

D

04/27/2002

Electronic Signature of Signing Officer or Director

Date