2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State P01000067530 DOCUMENT # 1. Entity Name 05-22-2002 90143 025 ***150.00 PAK TEXTILES, INC. Principal Place of Business Mailing Address 3501 UNIVERSITY DRIVE #204-A 3501 UNIVERSITY DRIVE #204-A \mathbf{v} CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business Mailing Address 3501 UNIVERSITY DR 3501 University Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Z02-N **ヱo**z City & State Applied For City & State 4. FEI Number 65-1120826 CORAI CORAI SPRINGS -SPRINGS FL Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 22065 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YACOOB, MOHAMMAD YAMIN Street Address (P.O. Box Number is Not Acceptable) 3501 UNIVERSITY DRIVE #204-A **CORAL SPRINGS FL 33065** 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. SIGNATURE Signature, typed or printed name of registered agent 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE Delete YACOOB, MOHAMMAD YAMIN NAME NAME 3501 UNIVERSITY DRIVE #204-A STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP ۷D ☐ Delete TITLE Change ☐ Addition NAME YACOOB, FARHAT NAME 3501 UNIVERSITY DRIVE #204-A STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITI F ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR APIINTER NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

4-22-02

954-255-9

Daytime Phone #

FILED