04/26/2002 14:40 9417271039 PAYCARE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90070 045 ***150.00

DOCUMENT # P01000067816

1. Entity Name: JIWA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5065 34th ST S.
Suite, Apt. #, etc.
City & State: ST. PETERSBURG FL
Zip: 33711 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3734900 Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: JIWA, Abdul
Street Address (P.O. Box Number is Not Acceptable): 5065 34th ST S.
City: ST. PETERSBURG FL Zip Code: 33711

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 X [signature]
(NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible tax requirement and elects to do so. (See criteria on back) ☐

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

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

11. OFFICERS AND DIRECTORS

Field	Officer
TITLE	PRESIDENT
NAME	JIWA, Abdul K.
STREET ADDRESS	5065 34th ST S.
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	VICE PRESIDENT
NAME	JIWA, NABAT KHANO
STREET ADDRESS	5065 34th ST S.
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	SECRETARY, TREASURER
NAME	JIWA, MOHIB
STREET ADDRESS	5065 34th ST. S.
CITY-ST-ZIP	ST. PETERSBURG, FL 33711

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #