2004 **FOR PROFIT CO'PORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000073956

1. Entity Name

FARIHA ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3821 SW COLLEGE RD	3821 SW COLLEGE RD
Suite, Apt. #, etc	Suite, Apt #, etc
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34474 / Country:	Zip: 34474 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732452 ☐ 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: HOSSAIN, S M MOMTAZ

Street Address (P.O. Box Number is Not Acceptable): 3821 SW COLLEGE RD

City: OCALA, FL Zip Code: 34474

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HOSSAIN S M MOMTAZ
STREET ADDRESS	3821 COLLEGE RD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VT
NAME	MIRZA, ZAKIA
STREET ADDRESS	3821 COLLEGE RD
CITY-ST-ZIP	OCALA, FL 34474
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	

DO NOT WRITE IN THIS SPACE

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: Hossain 04.29.04 (727) 542-9462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #