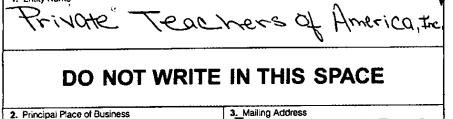
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jul 04, 2002 8:00 am Secretary of State

06-11-2002 90398 024 ***150.00

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DOCUMENT #	4010000	₹\ <u>\</u> 40\
	Teachers of	America, tre





531 N. OCEAN BLYD 531 <u>N. OCEAN BLUD</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. JUITE 201

ろいてE Applied For City & State 4. FEI Number City & State POMPANO BEACH FL Not Applicable BEACH F POMPANO Country \$8.75 Additional 5. Certificate of Status Desired 33062 Fee Required <u> 33067</u> 7. Name and Address of Current Registered Agent

> DO NOT WRITE IN THIS SPACE

Name	Λ	1 1	\n	STA	VENS-
	$\sim C$	-	<u>~}1</u>	<u> </u>	<u> </u>

Street Address (P.O. Box Number is Not Acceptable)

8. The above named parity sumits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent eignature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Suite, Apt. #, etc.

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

OFFICERS AND DIRECTORS 11. DIRECTOR CR2E034B (12/01 TITLE NAME MOHAMED MAHMOUD ABD ELGHANT STREET ADDRESS STREET ADDRESS 531 NOCEAN BLVD. SUITE 201 DOMBANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP POMPANO TITLE TITLE DIRECTOR NAME PANKAJ BILL SAWHNEY NAME STREET ADDRESS SUIJE 201 STREET ADDRESS MIDCERN BLUD. CITY-ST-ZIP BEACH FL CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY ST-ZIP ME IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITTE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 or an of the corporation or the receiver attachment with an address, yith