

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91113 005 ***150.00

DOCUMENT # *P01000102020*

1. Entity Name

ARFEEN INC.

Principal Place of Business

*Village Plaza
 120 Lake Ave
 Maitland FL 32751*

Mailing Address

*375 PALM SPRINGS DR, Suite 220
 Altamonte Springs FL 32701*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3754815

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *MUHAMMAD ARFEEN*

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

375 PALM SPRINGS DR

Suite 220

City

Altamonte Springs

FL

Zip Code

32701

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]

(NOTE: Registered Agent signature required when reinstating)

4/24/02

**FILE NOW:
 FEE IS \$61.25**

**9. Election Campaign Financing
 Trust Fund Contribution.**

☐ **\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *President* ☐ Delete
NAME *MUHAMMAD ARFEEN*
STREET ADDRESS *375 PALM SPRINGS DR Suite 220*
CITY-ST-ZIP *Altamonte Springs FL 32701*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

4/24/02

407-461-7572

Date

Offense Phone #

CR2037 (1/00)