FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90162 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106770

1. Entity Name

DAIRY TREATS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2805 E. OAKLAND PARK	2805 E. OAKLAND PARK
Suite, Apt. #, etc. 287	Suite, Apt. #, etc. # 287
City & State Fort LAUDERDALE	City & State Fort LAUDERDALE
Zip 33306 Country U.S.A.	Zip 33306 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1150533 ☐ 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 CorPORETE CREATIONC NET. INC.

Street Address (P.O. Box Number is Not Acceptable) 941 FoURTH Street. # 200

City MIAMI BEACH FL Zip Code 33139

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) DATE

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

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

11. OFFICERS AND DIRECTORS

TITLE	P/V/T/S/D/C
NAME	ABDOLWAHID KARIMI
STREET ADDRESS	2805 E. OAKLAND PARK FL 33306
CITY-ST-ZIP	
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/01)

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: ABDOL KARIMI ABDOLWAHID-KARIMI Apr. 25. 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #