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FILED
Jul 22, 2002 8:00 am
Secretary of State

04-29-2002 90167 011 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115736

1. Entity Name
BHAI BHAI, INC.

39025

[redacted]

Principal Place of Business
662 NE ~~SE~~ US 19
CRYSTAL RIVER FL 34429

Mailing Address NE
662 ~~SE~~ US 19
CRYSTAL RIVER FL 34429
662 NE US 19

2. Principal Place of Business	3. Mailing Address
662 NE US 19	662 NE US 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL RIVER FL	City & State: CRYSTAL RIVER FL
Zip: 34429 Country: CITRUS	Zip: 34429 Country: CITRUS

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3758498 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WECKESSER, RITA 10 N. MELBOURNE ST. BEVERLY HILLS FL 34465	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Abdul Jabbar Latif
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 requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABDUL JABBAR 9556 W ORCHARD ST CRYSTAL RIVER FL 34428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent RITA Weckesser 10 N Melbourne St Beverly Hills FL 3446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Abdul Jabbar Latif — SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02 Date
(352) 794-0383 Daytime Phone #