2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000121949

1. Entity Name
AIDA TGRANSLATION, INC

AIDA TRANSLATION, INC

Principal Place of Business	Mailing Address
1217 FLEXFORD STREET BRANDON FL 33511	1217 FLEXFORD STREET BRANDON FL 33511

0440487

2. Principal Place of Business   *1217 Flexford St*
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State   *BRANDON Fl.*
Zip *33511*   Country *Hilsborough*

City & State
Zip   Country

4. FEI Number   *260007168* | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DZUBUR, MIRZA
1217 FLEXFORD STREET
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name   *MIRZA DZUBUR*
Street Address (P.O. Box Number is Not Acceptable)
1217 Flexford St
City *BRANDON 1*   **FL**   Zip Code *33511*

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 *5/5/03*

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE *Vice President* NAME *Adnan Hadzimasic* STREET ADDRESS *1217 Flexford St.* CITY-ST-ZIP *Brandon Fl. 33511*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*500020518815* *05/04/03--01034--029 **150.00*	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ REQUIRED   *5/5/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #