

Florida Department of State

Division of Corporations Public Access System

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(((H02000180911 8)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

Account Name : M.A.V. CORPORATE SERVICES

Account Number : 120000000007 : (954)989-4530 Phone

:_(954)966-5273 Fax Number

REGISTERED AGENT CHANGE

AAMIR INC.

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8/14/02 11:26 AM

FROM :MAU CORPORATE SERVICES FAX NO. :954-966-5273 Aug. 14 2002 04:05PM P2



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

August 14, 2002

AAMIR INC. 490 NE 167TH STREET NORTH MIAMI BEACH, FL 33162

SUBJECT: AAMIR INC. REF: P02000008467

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Darlene Connell Corporate Specialist FAX Aud. #: E02000180911 Letter Number: 602A00048251 FROM :MAV CORPORATE SERVICES FAX NO. :954-966-5273 Aug. 14 2002 01:14PM P2

FLORIDA DEPARTMENT OF STATE
Jim Smith

Secretary of State

August 14, 2002

AAMIR INC. 490 NE 167TH STREET NORTH MIAMI BEACH, FL 33162

SUBJECT: NAMIR INC. REF: P02000008467

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Our records show the address of the current registered agent is 801 NE 167th Street, #302, North Miami Beach, Florida 33162. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Corporate Specialist

FAX Aud. #: H02000180911 Letter Number: 402A00048192 (((H02000180911 8)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 60 andersigned corporation organized under the laws of the State of submits the following statement.	77.1508, or 617.1508, Florid	la Statutes, th
submits the following statement in order to change its registere State of Florida.	TLORIDA	
State of Florida.	a office or registered agent,	or both, in th
1. The name of the corporation is:AAMIR_INC.		
	· · · ·	
		7
2. The mailing address of the corporation is: 486 N.E. 167 STREET N. MIAMI		
OTICIST W. MIAMI	FL 33162	
 3. Date of incorporation/qualification: 01 - 24:02 4. The name and address of the current registered agent and office 	Document number: P02000	008467
Same and with	e:	
CRAIG. D. SAVAGE		
801 NE 167TH ST. #302		22
NORTH MIAMI BEACH, FLA	. 33162	DIVISION O
5. The name and address of the new racistand		S 250
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	T CORY
SHAKIL SHERALI		P
486 NE 167 STREET		Y OF STATE
N. MIAMI FL 33162		141 SNO!
The street address of its registered office and the street address of agent, as changed, will be identical.	the business office of its reci	ictored
Such change was authorized by resolution duly adopted by its boa authorized by the board.	ard of directors or by an office	er co
The second of th		,
(Signature of an officer, charman or yiele charman of the board)	08-12-2002	
	(Date)	
Zylfigar A. Mithavayani	· DIRECTOR/PRES	SIDENT
(Frinted or typed name and title Having been named as registered against and the	•)	•
Having been named as registered agent and to accept service of a line of the service of the provisions of all statutes relative to the proper at and I am familiar with and accept the obligation of my position at	process for the above stated of act in this capacity. I furthe nd complete performance of n is registered agent	xorporation, r ägree to ny duties,
x 5Lopel	089-12-2002	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:	· •	
(Typed or Printed Name)	(Caracian)	
	(Capacity)	••