Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90130 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT# P02000025301

1. Entity Name



NAWAZISH INTERNATIONAL INC							
Principal Place of Business 2511 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308		Mailing Address 2511 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308			L MAGURAR RIF DAVIA HARU DAHR GÅRE		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF	MAKING CHANGES	
City & State		City	& State		4. FEI Number 04 - 3636055		pplied For ot Applicable
Zip	Country	Zip		Country	5. Certificate of Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Currer	nt Register	ed Agent		7. Name and Address of New Reg	istered Agent	
			•	Name			·
	B, MALIK A			Street Address	s (P.O. Box Number is Not Acceptable)		
2511 E. COMMERCIAL BLVD.							
FT. LAUD	ERDALE FL 33308						
<u>.</u> #				City		FL Zip Coo	ie
		for the purp	ose of changing its re	gistered office or registe	ered agent, or both, in the State of Floric	la. I am familiar with,	and accept
the obliga	tions of registered agent.						
SIGNATURE							
·	Signature, typed or printed name of registered age	nt and title .f app	olicable. (NOTE: R	tegistered Agent signature require	red when reinstating)	DATE	
[™] Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				 Election Campaign Finar Trust Fund Contribution. 		May Be
10.	OFFICERS ANI		l RS	11,	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	President Halik, A Huttalik	i Blua	☐ Delete	TITLE NAME Street address		Change	☐ Addition
CITY-ST-ZIP	ti handudeli	fi. 333	308	CITY-ST-ZIP			
TITLE NAME	,		☐ Detete	TITLE NAME		☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	 .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· •	☐ Change	☐ Addition
TITLE			☐ Delete	TITLE		☐ Change	Addition
NAME			Bolong	NAME		change	
STREET ADDRESS CITY-ST-ZIP	ı		•	STREET ADDRESS CITY-ST-ZIP	N.	-	
TITLE			☐ Delete	TITLE		☐ Change	Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
			☐ Delete	TITLE		☐ Change	☐ Addition
NAME			☐ Delete	NAME		☐ Change	☐ Addition
			☐ Delete	i i		☐ Change	☐ Addition

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:

TURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-3-03

Daytime Phone #

CR2E034 (10/02)