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FILED

Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90146 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000033820

1. Entity Name

NORAH K INC



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Principal Place of Business 2245 OLD DIXIE HWY BUNNELL FL 32110			3932	Mailing Address 3932 CREE DRIVE ORMOND BEACH FL 32174				A NABANDAR NA BRAND AKRAN BRAND BRAND BRAND BRAND BRAND	9 141 43 141 8 1 1 9 11 3	11 0 11 00 11 1 10 1	
2. Principal F	Place of Busin	ness	3. Mai	3. Mailing Address							
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKIN	IG CHANGES	:	
City & Stat	te ,		City	City & State				4. FELNumber Applied For Not Applicable			
Zip		Country	Zip		Coun	try	5.	Certificate of Status Desired	\$8.75 Ac	Iditional	
	6. Name	and Address of Cu	rrent Registere	ed Agent			7.	Name and Address of New Registered	Agent		
						Name					
	k, fatiha l e drive		; >	- = -			-Street Address (P.O. Box Number is Not Acceptable)				
	BEACH FL										
		4				City		F	Zip Cod	de	
8. The above the obligat	named entit tions of regist	y submits this statem teréd agent.	nent for the purp	ose of changing its	s registere	ed office or regis	stered ag	gent, or both, in the State of Florida. I an	n familiar with.	and accept	
SIGNATURE	Signature, typed	or printed name of registere	d agent and title if app	licable. (NO	TE: Registered	d Agent signature requ	lired when r	einstating) DATE			
After Se	ptember 10	II FEE IS \$550.0 , 2003 Fee will be o Florida Departm	\$750.00					Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
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12. I hereby o	ertify that the	e information supplie	d with this filing	does not qualify for	r the exer	mption stated in	Section	119.07(3)(i), Florida Statutes. I further c	ertify that the i	nformation	

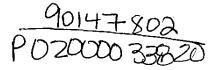
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF IG OFFICER OR DIRECTOR

Daytime Phone #

Attachment



July 23, 2003

Florida Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/madam:

This letter serves as a response to a recent uniform report received from you office.

We wish to inform you that we have no record of having received the previous form and therefore we were unable to complete the same.

We are enclosing our check for \$150.00 and respectfully ask for the late fee penalty to be waived.

We hope our request will be favorably considered.

Sincerely,

Fatiha Mubarak

President