

FILED
May 27, 2003 8:00 am
Secretary of State

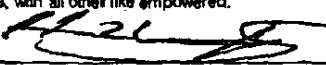
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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55043806



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000042876			
1. Entity Name WELSHIRE, INC.			
Principal Place of Business 19 WEST FLAGLER STREET SUITE 601 MIAMI, FL 33130		Mailing Address 19 WEST FLAGLER STREET SUITE 601 MIAMI, FL 33130	
2. Principal Place of Business One SE Third Avenue Suite, Apt. #, etc. 1440		3. Mailing Address One SE Third Avenue Suite, Apt. #, etc. 1440	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA
4. FEI Number 75-3057801		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURZBAN, IRA J ESQ. 2660 SW 27TH AVENUE SUITE 200 MIAMI, FL 33133		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when retreating)	
FEE NOW DUE: \$150.00 May 2003 Fee: \$150.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P Hassan Dahlawi One SE Third Avenue #1440 Miami, FL 33131 ☐ 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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/03 305377 0707 Date Devising Name #	