FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90178 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000166404

DOCUMENT # P02000065615

1. Entity Name
SHAZ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11201 NW 23RD CT CORAL SPRINGS, FL 33065	11201 NW 23RD CT CORAL SPRINGS, FL 33065

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
One South Ocean BLVD	One South Ocean BLVD
Suite, Apt. #, etc.: 315	Suite, Apt. #, etc.: 315
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33432 Country:	Zip: 33432 Country:

4. FEI Number: 02-0621574 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIVJI, SALEEM 11201 NW 23RD CT CORAL SPRINGS, FL 33065	Name: SHIVJI, SALEEM Street Address (P.O. Box Number is Not Acceptable): One South Ocean BLVD. Suite 315 City: BOCA RATON FL Zip Code: 33432

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: Saleem 05-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $500.00
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	D SHIVJI, SALEEM 11201 NW 23RD CT CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHIVJI, SALEEM 11201 NW 23RD CT CORAL SPRINGS FL 33065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAKHANI, MEHBOOB 3766 W OAKLAND PAK BLVD LAUDERDALE, FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOHAMMAD ALTAF 4026 CRESCENT CREEK ST COCONUT CREEK FL 33073	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOHAMMAD JAVED ABDUL AZIZ 4026 NW 93RD CT COCONUT CREEK FL 33073	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Saleem 05-22-03 561-3620491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #