## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P02000082695

1. Entity Name

SUMA'YA-BECS, INC.

Principal Place of Business

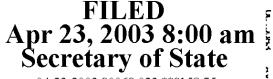
9801 OLD BAYMEADOWS ROAD #143 JACKSONVILLE FL 32256

Mailing Address

9801 OLD BAYMEADOWS ROAD #143

· JACKSONVILLE FL 32256

2. Principal Place of 0270



04-23-2003 90069 023 \*\*\*158.75



|  |                                       |   |  | ##   |  |  |
|--|---------------------------------------|---|--|--|--|--|
| 2. Principal Place of Business 10270 POPLAR LAKE Dr. | 3. Mailing Address 10270 PoPLAR       | I AXE DA                                    | I IDBIIDET III GOILD IIDII BOILL BAILL BOILL BAI | #1 1039 <b>#</b> 11010 0111 <b>0</b> #0101 #111 (021 |  |  |
| Suite, Apt. #, etc.                                  |                                       |   | CHECK HERE IF MAKING CHANGES                     |  |  |  |
| City & State<br>JACKSONVILLE FL                      | City & State  TACK SONVILLE           | FL  | 4. FE! Number 76 - 0707 2 2 1                    | Applied For Not Applicable                           |  |  |
| Zip Country <b>VSA</b>                               | 32257 Count                           | ry  | 5. Certificate of Status Desired                 | \$8.75 Additional<br>Fee Required                    |  |  |
| 6. Name and Address of Current Registered Agent      |                                       | 7. Name and Address of New Registered Agent |  |  |  |  |
| IRFAN, MUHAMMAD<br>9801 OLD BAYMEADOWS ROAD #143     | - , <u>-</u> .                        | Name Z K                                    | P.O. Box Number is Not Acceptable)               |  |  |  |
| JACKSONVILLE FL 32256                                |                                       | 10270-                                      | DRIVE  |  |  |  |
| 0.7  |                                       | City JACK                                   | SONVILLE F                                       | 1 222 5  |  |  |
| 8. The above named entity submits this statement for | the purpose of changing its registere | d office or registere                       | ed agent, or both, in the State of Florida. I an | n familiar with, and accept                          |  |  |

| the obligations of registerest agent.   | association, or some, in the state of Fisher. Fair terminal Will, and acco |
|---|--|
| SIGNATURE MULLIA (MULLIA MARK) TRFAN Signature, typed or printed (spri) gyrollored agent and falle if applicable. (NOTE: Registered Agent signature require |  |
| FILE NOW!!! FEE IS \$150.00   |  |
| FILE NOW!!: FEE IS \$130,00   | 9 Flection Compaign Financing CE 00  |

| FILE           | NOW!!!     | FEE IS \$1  | 50.00      |       |
|----------------|------------|-------------|------------|-------|
| After Ma       | y 1, 2003  | Fee will be | \$550.00   |       |
| Make Check Pag | yable to F | lorida Dep  | artment of | State |

Trust Fund Contribution.

**\$5.00** May Be Added to Fees

| Make Check                                     | Repartment of State  |          |   |                       |                                 |                | _ ,,,,,,,,  |            |
|--|--|----------|---|-----------------------|---------------------------------|----------------|-------------|------------|
| 10.  | 10. OFFICERS AND DIRECTORS   |          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                       |                                 |                |             | 3 IN 11    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | CEO<br>IRFAN, HUSSAINA<br>9801 OLD BAYMEADOWS ROAD #143<br>JACKSONVILLE FL 32256 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | CEO<br>FKFA<br>10270  | N, HUSSA<br>POPLAR I<br>SOUWLLE | INA<br>LAKE DY | ₩ Change    | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | CEO<br>IRFAN, MUHAMMAD<br>9801 OLD BAYMEADOWS ROAD #143<br>JACKSONVILLE FL 32256 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | 400                   | ERFAN,<br>POP CAR               |                | tell change | □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | Delete   | TITLE NAME STREET ADDRESS CITY-SI-ZIP                 | TACK                  | SONVILL                         | E FL<br>3125   | Change      | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |                       |                                 |                | Change      | Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | 5<br>5<br>5<br>5<br>5 |                                 |                | Change      | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 |                       |                                 |                | ☐ Change    | Addition   |

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 employed to a section 11 in Section 11 in Section 11 in Section 12 in Section 12 in Section 11 in Section 12 in Section 13 in Section 14 in Section 15 in Section 14 in Section 15 in Sect changed, or on an attachment with an addres

SIGNATURE: