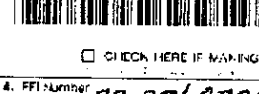


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DOCUMENT # P02000089623				UNIFORM BUSINESS REPORT (UBR)	
1. Entity Name KAMALI ENTERPRISES, INC.					
Principal Place of Business 4100 STATE ROAD 7 LAUDERDALE LAKES, FL 33319		Mailing Address 4100 STATE ROAD 7 LAUDERDALE LAKES, FL 33319			
2. Principal Place of Business		3. Mailing Address		☐ CHECK HERE IF MAKING CHANGES 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ ADDITIONAL FEE REQUIRED \$8.75 Additional Fee Required	
City & State		City & State		4. FFI Number 22-386472S	
Zip		Country		5. Certificate of Status Desired ☐	
6. Name and Address of Current Registered Agent KAMALI MEHRDAD 728 CORDOVA DRIVE BOCA RATON, FL 33423				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 required if change made to registered agent or office address) (NONE Registered Agent signature does not constitute registration)					
ELECTION CAMPAIGN FINANCING TRUST FUND CONTRIBUTION \$5.00 May Be Added to Fees				☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(c), Florida Statutes. I further certify that the information contained on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if I made under oath; that I am an officer or director of the corporation or the receiver or trustee responsible to provide 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 power like empowered.					
SIGNATURE:  DATE: 2/14/03 SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					