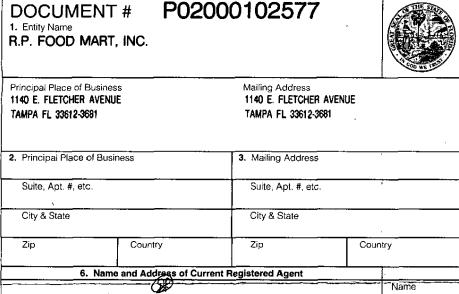
Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90175 004 ***150.00

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



CHANGE IT MAKING CHANGES

ent		
\$8.75 Additional Fee Required		
Applied For Not Applicable		

DANGED DAGIOUS TO SE	Name	
PAIKER, RAFIQUL, TO THE STATE OF THE STATE O	Street Address (P.O. Box Number is Not Acceptable)	
LUTZ FL 33549		
	City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Florida	a. I am familiar with, and accept

the obligations of registered agent.

(NOTE: Registered Agent signature required when rainstating)

After May 1, 2003 Fee will be \$550.00	
44	_
Make Check Payable to Florida Department of Sta	٠.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check	Payable to Florida Department of State							}
10.	OFFICERS AND DIRECTO	PRS	11. AD		DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKANDA, MOHAMMAD A 235 ELDRIGDE STREET #14 NEW YORK NY 10002	☐ Delete	TITLÉ NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAIKER, RAFIQUL, I 14615 TURTLE CREEK CIRCLE LUTZ FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			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
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 filling 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