

2  
2000 **UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90112 014 \*\*\*150.00

<b>DOCUMENT #</b> P02000118152					
<b>1. Entity Name</b> FANI, INC					
<b>Principal Place of Business</b> 500 E. SEMORAN BLVD, STE:- 2022 CASSELBERRY, FL 32707			<b>Mailing Address</b> 500 E. SEMORAN BLVD, STE:- 2-J CASSELBERRY, FL 32707		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 11-3661059	
				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHAFEEQ, ALI 500 E. SEMORAN BLVD 2-J CASSELBERRY FL 32707			<b>Name</b>		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			<b>City</b> <b>FL</b> <b>Zip Code</b>		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>			<div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>		
			<b>10. Election Campaign Financing</b> <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	President And Director SHAFEEQ, ALI 500 E. SEMORAN BLVD, STE: 2-J CASSELBERRY FL 32707	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Shafreeq ali</i>			<b>4/17/03</b> <b>402-296</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # <b>4685</b>		

CRE034 (9/99)