


FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 003 ***150.00

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

DOCUMENT # P02000129411						90133398	
1. Entity Name FAROOK & SHAMELA, INC.							
Principal Place of Business 2400 DORADO AVENUE HAINES CITY, FL 33844			Mailing Address 2400 DORADO AVENUE HAINES CITY, FL 33844				
2. Principal Place of Business			3. Mailing Address			<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country	4. FEI Number 14-1860570 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent KHAN, FAROOK 2400 DORADO AVENUE HAINES CITY, FL 33844				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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when registering)</small>							
FILE NOW!!! FEE IS \$150.00 <small>As of May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</small>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CORP034 (10/02)	
NAME	KHAN, FAYUZ		NAME				
STREET ADDRESS	2400 DORADO AVENUE		STREET ADDRESS				
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHAN, FAYUZ		NAME				
STREET ADDRESS	2400 DORADO AVENUE		STREET ADDRESS				
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STREET ADDRESS	2400 DORADO AVENUE		STREET ADDRESS				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 authority empowered.							
SIGNATURE: 				Date: 4/30/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			