2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2003 8:00 am Secretary of State

<u>2-28-03</u>

Daytime Phone #

3/3

DOCUMENT # P02000130316 1. Entity Name FLORIDA INSERVICES INC.						03-03-2003 90497 044 ***150.00			
Principal Plat 1838 SOUTH MIAMI FL 331									
2. Principal I									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te .	City	City & State			4. FEI Number	Applied For		
Zip Country		Zip	,	Country		5. Certificate of Status Desired		\$8.75 Ad	lot Applicable Iditional ed
		7. Name and Address of New Registered Agent							
	6. Name and Address of Cu		. -1	Name	الهام سوم. عملتها برا				-, . +=+
SVALDI, MICHAEL 1838 SOUTH MIAMI AVE:				Street A	dress (P.	O. Box Number is Not Acceptable	9)		
MIAMI FL	- · · · · · · · · · · · · · · · · · · ·								
		;		City			FL	Zip Cod	te et
the obligation	e named entity submits this statemy tions of registered agent. Signature, typed or printed name of registered			registered office or : Registered Agent aignatu			DATE	tamiliar with,	and accept
Afte Make Check	•		Election Campaign Fir Trust Fund Contribution			00 May Be d to Fees			
10.		AND DIRECTO	PRS	11.		ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SVALDI, MICHAEL 1838 SOUTH MIAMI AVE. MIAMI FL 33129		Oelete	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	. *** 5.**_		☐ Delete	TITLE NAME		محمد الله الله الله الله الله الله الله الل		Change	Addition
CITY-ST-ZIP				STREET ADORESS CITY-ST-ZIP					
ittle Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
HAME STREET ADDRESS CITY-ST-ZIP	·	····	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			☐ Change	Addition
12. I hereby c indicated of the con	ertify that the information supplied on this report or supplemental rep poration or the receiver or trustee e or on an attachment with an addre	ort is true and a impowered to (accurate and that my execute this report a	CITY-ST-ZIP he exemption state r signature shall ha	ve the san	ne legal effect as if made under o	ath: that I a	em an officer	or director