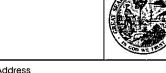
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P34311 **DOCUMENT #**

1. Entity Name NURSIM, INC.

SIGNATURE: \(\)



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90243 039 ***150.00

| Principal Plac 337 SOUTH F WINTER PARI US | PARK AVENUE | 337 SQU | Mailing Address 337 SOUTH PARK AVENUE WINTER PARK FL 32789 US | | | | | | | | | |
|---|---|-----------------------------------|--|-----------------------------------|---------------------|--------------|---|--|--------------|------------------|-------------|---------------------------|
| 2. Principal P | Place of Business | 3. Mailing | 3. Mailing Address | | | | II. | 33 11 03 111 0 311111111111111111111111 | | DEOLI BUBUI DIBL | | 1811 B2011 1881 |
| Suite, Apt. | #, etc. | Suite, A | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & Stat | e | City & S | City & State | | | | FEI Nui | mber 22-2610 2 | 211 | | | plied For t Applicable |
| Zip | Country | Country Zip | | | Country | | | 5. Certificate of Status Desired | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | Name , | | | | | | | |
| SIM, NUR 337 SOU | ii Th park avenue | | Street Address (| | | ddress (P.O. | (P.O. Box Number is Not Acceptable) | | | | | |
| WINTER F | PARK FL 32789 | | | | | | | | | | | |
| | | | | | 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | 9. | Election Campaign Trust Fund Contrib | | · — | | May Be to Fees |
| 10. | OFFICERS AN | DIRECTORS | | 11. | | А | ODITIO | NS/CHANGES TO | OFFICERS | AND DIREC | TORS | IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD Sim, Nuri 337 South Park Ave. Winter Park Fl | | ☐ Delete | | T ADDRESS ST-ZIP | | | | | ☐ Ch | ange | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SIM, MELIHA IZGORDU 337 SOUTH PARK AVE. WINTER PARK FL | | ☐ Delete | | T ADDRESS ST-ZIP | | | | | ☐ Ch | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u> </u> | | Delete - | | T ADDRESS ST-ZIP | | | - • | <u> </u> | ∵ Ch | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREE CITY-S | T ADDRESS | | | | | □ Ch | ange | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET CITY-S | T ADDRESS | | | | | ☐ Ch | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET CITY-S | T ADDRESS ST-ZIP | | | | | ☐ Cha | ange | Addition |
| indicated of the cor | ertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address | is true and acc cowered to exe | urate and that my cute this report as | signatu | ire shall ha | ve the same | e legal ef | ffect as if made und | der oath; th | iat I am an o | ifficer o | or director |

Date

Daytime Phone #

HURE REQUIRED