## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

an address, with all other like empowered

## May 05, 2004 8:00 am Secretary of State DOCUMENT # P93000079055 05-05-2004 90221 029 \*\*\*150.00 UNITED ENTERPRISES (INTERNATIONAL) CORP. Principal Place of Business Mailing Address 4710 S. ORANGE AVE. 4710 S. ORANGE AVE. **ረ**ዟህህህነነ‴ ORLANDO, FL 32806 ORLANDO, FL 32806 US 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite. Apt. #, etc. 04222004 CR2E034 (10/03) Chg-P City & State City & State Applied For 65-0447034 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALI, SHEIKH M Street Address (P.O. Box Number is Not Acceptable) 213 LYTTON CIRCLE ORLANDO, FL 32824 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. Lam familiar with, and accept the obligations of re-SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition NAME -ALI, SHEIKH M NAME 213 LYTTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete HHE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP THE Delete THLE . Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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 it

**FILED**