## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

## DOCUMENT # P94000008129 May 23, 2000 8:00 am Secretary of State 1. Entity Name SAJK, INC. 05-23-2000 90229 013 \*\*\*150.00 Principal Place of Business Mailing Address 1701 S.W. 12TH AVENUE 8071 S.W. 7TH PLACE BOCA BATON FL 33486-6618 NORTH LAUDERDALE FL 33068 3. Mailing Address 2. Principal Place of Business W. PALMETTO PARKR 7284 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 101 City & State 4. FEI Number Applied For City & State 65-0472212 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAFERI, ALI M Street Address (P.O. Box Number is Not Acceptable) 1701 SW 12TH AVE. **BOCA RATON FL 33486** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or req stered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of register d agent and title if applicable DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do s Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition <del>EVD-</del> Change TITLE Delete TITLE KAHN: MOHAMAD-NAME NAME 1701 S.W. 12TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOGA-RATON FL 33486 BOCA KATON PD Delete F2-33 ☐ Change Addition TIT) F JAFERI, ALI M NAME 1701-S.W. 12TH AVENUE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** -CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE. JAFERI, ALI M NAME NAME STREET ADDRESS 1701 S.W. 12TH AVENUE STREET ADDRESS CITY-ST-ZIP BOGA FATON FL 33486 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE JAFERI ALI M 7284 N. PALMETTO PARK RD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL -33433 Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an add

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #