

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 047 ***150.00

DOCUMENT # P94000018201

1. Entity Name
3153 INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1040 W. Prospect Rd
Suite, Apt. #, etc.

3. Mailing Address
c/o Smith, Moses, Morris
Suite, Apt. #, etc.
1625 S.E. 17th Street

DO NOT WRITE IN THIS SPACE

City & State
Oakland Park, FL 33309

City & State
Ft Lauderdale, FL 33316

4. FEI Number
65-0497518

Applied For
 Not Applicable

Zip
33309

Country
USA

Zip
33316

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
~~Mark Franzblau~~ Theodore M. Moses

Street Address (P.O. Box Number is Not Acceptable)
~~619 Kensington Place~~ 1625 S.E. 17th St

City
Ft Lauderdale FL Zip Code 33316
33308

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.

SIGNATURE  Theodore M. Moses DATE 4/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

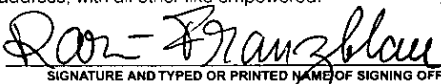
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President Mark Franzblau 619 Kensington Place Wilton Manors, FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / VP / rSs / T Karin Franzblau 4900 N. Ocean Blvd Ft Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President Shauket A. Khimani 11844 W. Sample Rd Coral Springs, FL 33065 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Saira Khimani 11844 W. Sample Rd Coral Springs, FL 33065 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Director DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)