FILED

03 SEP 22 AM 10: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 13005 SR 535 ORLANDO, FL 32821 Street Address (P.O. Box Number is Not Acceptable) City FL a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam fam the obligations of registered agent, or both, in the State of Florida. I am fam fam the obligations of registered agent, or both, in the State of Florida. I am fam fam the obligations of registered agent, or both, in the State of Florida. I am fam fam fam fam fam fam fam fam fam	ANGES Applied For Not Applied ble 75 Additional Required
Sulle, Apt. F. etc. Country Country Country Country Country State City & State	Angled For Not Applicable 75 Additional Required
City & State Country Country Country S. Certificate of Status Desired S. Certificate of Status Desired S. Certificate of Status Desired R. Certificate of Status Desired Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 3. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am families the obligations of registered agent, or both, in the State of Florida. I am families the Object of State of Sta	Applied For Noi Applicable 75 Additional Required
Section Country Section Co	Not Applicable 75 Additional Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 Fiorica. I am fam the obligations of registered agent. 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 Fiorica. I am fam the obligations of registered agent. 8. Stream to registered agent, or both, in the State of Fiorica. I am fam fam the obligations of registered agent, or both, in the State of Fiorica. I am fam fam fam fam fam fam fam fam fam	75 Additional Required
AHMED, HAJI 13606 SR G35 ORLANDO, FL 32821 Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL 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 fam the obligations of registered agent. SIGNATURE Suprement, you'd or primed name of inspititual agent may be if applicate. (NOTE Represent Apentagration and purpose department of State) 9. Election Campaign Financing Troug Fund Contribution. CATE FILE NOWITH FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 After May 17, 2003 Fee will be \$550.00 STREET ADDRESS CITY-ST-2P ORLANDO, FL 32821 TILE NAME HAJI, JENNIFER SIREET ADDRESS CITY-ST-2P ORLANDO, FL 32821 TILE NAME NAM	it .
Street Address (P.O. Box Number is Not Acceptable) City FL a. 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 fam the obligations of registered agent. SIGNATURE Street Now His FGE is \$150.00 After May 12 2003 Fee will be \$550.00 After May 12 2003 Fee will be \$550.00 jbs. Make Check Payable to Florida Dispartment of States 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS 16. ADDITIONS/CHANGES TO OFFICERS 17. ADDITIONS/CHANGES TO OFFICERS 18	Zin Coole
City City FL a. 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 fam the obligations of registered agent. SIGNATURE Supraud: syndulor printed name of registered agent. (NOTE Registered Apents syndulor printed name of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent. 9. Election Campaign Financing 10. OFFICERS AND DIRECTORS 110. ADDITIONS/CHANGES TOURS OFFICERS AND DIRECTORS 110. ADDITIO	Zin Coole
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 farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida Department of State of Policia. CATE	7in 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 farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida. I am farm the obligations of registered agent, or both, in the State of Florida Department of State of Policia. CATE	7in Code
THE NOWIN FEEL IS \$150.00 After May 1, 2003 Fee will be \$550.00 State Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 118.E MAME HAJI, AHMED Delete MAME SIREST ADDRESS CITY-ST-2IP ORLANDO, FL 32821 Delete TITLE NAME HAJI, JENNIFER Delete SIREST ADDRESS CITY-ST-2IP ORLANDO, FL 32821 Delete TITLE NAME NAME NAME SIREST ADDRESS CITY-ST-2IP Delete MAME NAME NAME NAME SIREST ADDRESS CITY-ST-2IP TITLE NAME NAME NAME SIREST ADDRESS SIREST ADDRESS CITY-ST-2IP ORLANDO, FL 32821 Delete MAME NAME NAME NAME SIREST ADDRESS SIREST ADDRESS CITY-ST-2IP ORLANDO, FL 32821 Delete MAME NAME NAME SIREST ADDRESS CITY-ST-2IP Delete MAME NAME NAME SIREST ADDRESS CITY-ST-2IP Delete MAME NAME SIREST ADDRESS CITY-ST-2IP Delete MAME SIREST ADDRESS CITY-ST-2IP CITY-ST-2IP Delete MAME SIREST ADDRESS CITY-ST-2IP	-ip code
After May 17 2003 Fee will 66 \$550.00 25 Make. Check Payable to Plorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS TO OF	- <u>-</u>
TITLE	\$5.00 May Be Added to Fees
NAME STREET ADDRESS CITY-ST-2P	
CITY-ST-ZIP ORLANDO, FL 32821 CITY-ST-ZIP TITLE S	Change Addition 3
TITLE S	34
NAME SINEELADORESS CITY-ST-2P	Change Addition Change
CITY-ST-2P ORLANDO, FL 32821 CITY-ST-2IP TITLE NAME NAHEED, AHMED 13806 SR 536 CITY-ST-2IP Delete INILE HAME TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP	3
TITLE VPT Delete NAME NAHEED, AHMED STREET ADDRESS CITY-ST-ZEP COTV-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP Delete NAME STREET ADDRESS CITY-ST-ZEP THALE STREET ADDRESS CITY-ST-ZEP CITY-ST-ZEP CITY-ST-ZEP	
NAME STREET ADDRESS CITY-ST-ZEP NAME STREET ADDRESS CITY-ST-ZEP Delete NAME STREET ADDRESS CITY-ST-ZEP CITY-ST-ZEP CITY-ST-ZEP CITY-ST-ZEP CITY-ST-ZEP CITY-ST-ZEP CITY-ST-ZEP	Change Addition
CITY-ST-ZP ORLANDO, FL 32821 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COTY-ST-ZIP	
TITLE	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP	Change Addition
CITY-ST-ZIP CITY-ST-ZIP	}
TITLE Delete TITLE C	}
NAME NAME	
STREET ADDRESS STREET ADDRESS	Change Addition
CNY-ST-ZIP	Change Addition
Delete	
12. 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 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 a 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 8th changed, or on an attachment with an address writt another like empowered. SIGNATURE:	Change Addition

From

Haji Q Inc., Ahmed Haji 13605 S.R.535 Orlando, FL 32821

Τo

Firoida Department of State Tallahasee, FL

Dear Sir,

Since there was a fire on our store on October 28th, 2001, we were not operating the store and apparently we didn't get the mail to renew the corporate license. I checked with your office yesterday and they told me also that mail was returned to them because it was not deliverable.

So, I humbly request you to waive any additional charges and herewith, you may please find the attached application and the renewal fee of \$150.00. Thank you very much for your kind attention in this matter.

Sincerely,

Ahmed Haji