FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060974					Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90294 028 ***150.00		
Principal Place of Business 12327 CITRUS GROVE BLVD. WEST PALM BEACH FL 33412 US		Mailing Address 12327 CITRUS GROVE BLVD. WEST PALM BEACH FL 33412 US					(6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 65-0153038		olied For Applicable	
Zip ~	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Addi	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CHAUDHARY, GHULAM				Name CHAUDHARY. GHULAM Street Address (P.O. Box Number is Not Acceptable)			
12327 CITRUS GROVE BLVD.				11 7011	1 11 12-1		
WEST PALM BEACH FL 33412			/	City PEMBROKE PINEI FL Zip Code 33028			
					UNUBL I INE	ردا	
SIGNATURE _	A)ler	26 GHU	(Ans	CHA	ered agent, or both, in the State of Florida. UOHARY ed when reinstating) DATE	3307	28
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	.: Hegisterea Ag	gent signature requir	red when reinstating) DATE		
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so:	FILE NOW! After May 1, 200 Make Check Payab	2 Fee wil	ll be \$550.00	i musi fund Continoution. L	\$5.00 Added	May Be_ to Fees
	5				ADDITIONS/CHANGES TO OFFICERS AND	DIBECTORS	: INI 11
11.	OFFICERS AND I		12.	1 5	^		
TITLE	DP	☐ Delete	TITLE	$\mid \mathcal{D} \mid$	True Dance	Change	☐ Addition
NAME	Jalil, qamar		NAMÉ		JALIC WAMAR		2.
STREET ADDRESS	8002 S.W. 81 DR.		STREET A	1/6	394 N.W. 1351-PENB	BROKE K	INES
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-	-ZIP	JALIL DAMAR 394 N.W. 1351- PEME FI. 33028	<u>}</u>	
TITLE	DV	☐ Delete	TITLE	DV	ALI BASHARAT 394 N.W. 1351 PEME F19. 33028	Change	☐ Addition
NAME	ALI, BASHARAD		NAME	1.7	201/21 1 1201 12	/	, \
STREET ADDRESS ,	8002 S.W. 81 DR.		STREET A	ADDRESS /6.	394 N.W. 1351 PEWE	3ROKE K	ues
CITY-ST-ZIP	MIAMI FL 33143		. CITY-ST	-ZIP	F19. 33028		
TITLE	DST	Delete					Addition
NAME	CHAUDHARY, GHULAM		NAME		CHAUDHARY GHULAW	{	_
STREET ADDRESS	12327 CITRUS GROVE BLVD.		STREET A	ADDRESS 16	394 N.W. 13 St PEN	MBROKE	PINES
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-	-ZIP	FIA. 33028		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		-	☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET A	I .	•		
CITY-ST-ZIP			CITY-ST-	-ZIP			
TITLE		☐ Delete	TITLE	·	ì	Change	Addition
NAME			NAME		•		-
STREET ADDRESS	; 			ADDRESS -ZIP			
CITY-ST-ZIP				-411			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	. '		NAME				
STREET ADDRESS			STREET A				
CITY-ST-ZIP		1917 1	CITY-ST		- APPENDING		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emoc or on an attachment with an additions, v	true and accurate and that newered to execute this report	ny signature as required	otion stated in S e shall have the d by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further cere same legal effect as if made under oath; that I of the provided Statutes; and that my name appears i	am an officer o in Block 11 or	tormation or director Block 12 if
_	((((((((((((((((((((1 26	101	/ /	4/10/	~_	UCIZI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDHARY GHULAN

994-443-61

Daytime Phone #