

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90018 001 ***150.00

DOCUMENT # P94000080882 ✓
1. Entity Name F. R. S. MICANOMY INC.

DO NOT WRITE IN THIS SPACE

427800

2. Principal Place of Business MICANOMY
Suite, Apt. #, etc. 17110 SE CR 234
City & State MICANOMY FL
Zip 32667 Country USA

3. Mailing Address
Suite, Apt. #, etc. 17110 SE CR 234
City & State MICANOMY FL
Zip 32667 Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3280808
Applied For ☐ Not Applicable
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 SHIRAZ A. LADHA
Street Address (P.O. Box Number is Not Acceptable) _____
17110 SE CR 234
City MICANOMY FL Zip Code 32667

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 SHIRAZ LADHA [Signature] 03.15.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	<u>PRESIDENT</u> <u>FARIAL S. LADHA</u> <u>17110 SE CR 234 MICANOMY</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>SHIRAZ A. LADHA</u> <u>17110 SE CR 234 MICANOMY</u>
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-02 352.466.3163
Date Daytime Phone #

CR2E034B (12/01)