2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT. #: P95000019334 1. Entity Namers : 10 10 10 10 10 10 10 10 10 10 10 10 10			FILED May 18, 2000 8:00 am Secretary of State 05-18-2000 90364 026 ***150.00	
Principal Place of Business	Mailing Address			
1251 N. DIXIE HIGHWAY POMPANO BEACH FL 33060	1251 N. DIXIE HIGHWAY POMPANO BEACH FL 33060-5469			
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2. Principal Place of Business 750 E- SAMPLE Rd.	3. Mailing Address 3/20 N.E. 9 fen Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. Bld9 3 Suite # 4 City & State	City & State		4 FFI Number	Applied For
Dompano Black Fla-	Fompano B	CACh Fla.	4. FEI Number 65-0577782	Not Applicable
35064 BCOWARD	35964	S COWARD	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registere	ed Agent
MAHARAJ, SHAWN 1251 N. DIXIE HIGHWAY		>	haun Wahaf s (P.O. Box Number is Not Acceptable)	as
BAY 1		3126	n.E. 9ten	
POMPANO BEACH FL 33060		CityDom		L Zip Code 33064
8. The above named entity subpairs this statement for	or the purpose of changing its	s registered office or regis		
SIGNATURE Signature, typed or printed name of registered agent	and title if amblicable (NO	TE: Registered Agent signature requ		25-60
9. This corporation is eligible to satisfy its Intangible	!	'!!! FEE IS \$150.00	10. Election Campaign Financing	\$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)		000 Fee will be \$550.00 ble to Department of S	Trust Fund Contribution.	Added to Fees
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS A	
NAME 26 CO MAHARAJ, SHAWN CONTROL OF THE PROPERTY OF THE PROPE	Al Big □ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		Change Addition
TITLE NAME	☐ Delete	TITLE NAME		Orlange Footilon
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME Street address		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE NAME		Change Addition
NAME STREET ADDRESS		STREET ADDRESS	•	
CITY-ST-ZIP		CITY-ST-ZIP		Change Addition
TITLE NAME	∐ Delete	TITLE NAME		change / control
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee on changed, or on an attachment with applications.	is true and accurate and that powered to execute this repor	or the exemption stated in my signature shall have the tas required by Chapter 6	ne same legal effect as it made linder oath: 1/18	ar Lam an officer of director 1
SIGNATURE:	la de la companya della companya della companya de la companya della companya del	x = 0.7 h 	14-25-00 (954)9	143-4799
SIGNATURE AND TYPEY OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	Daytime Phone #