2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 04, 2002 8:00 am P95000046407 DOCUMENT # Secretary of State 1. Entity Name 02-04-2002 90169 043 ***150.00 49TH STREET ASSOCIATES, INC. Principal Place of Business Mailing Address 1840 WEST 49TH STREET STE 226 1840 WEST 49TH STREET STE 226 HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0602940 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent - 6.-Name and Address of Current Registered Agent -KHAN, PERVEZ Street Address (P.O. Box Number is Not Acceptable) 1840 WEST 49TH STREET STE 226 HIALEAH FL 33012 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01)☐ Change Addition TITLE ☐ Delete KHAN, PERVEZ NAME NAME CR2E034 13222 SW 52ND TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition D ☐ Delete ☐ Change TITI F NAME SHAH, SYED NAME STREET ADDRESS STREET ADDRESS 5451 WEST 9TH LANE HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP - 🖃 Addition ☐ Change TITLE ☐ Delete TITLE NAME AWAN, RAUF NAME STREET ADDRESS STREET ADDRESS 13225 SW 53RD STREET CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33175 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 Block 12 if changed, or on an attachment with an address; with all other like empowered.