FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # **P95000065833** S.U.S. INVESTMENTS #111, INC. 05-10-2001 90150 035 ***150 00 Principal Place of Business Mailing Address 7284 W. PALMETTO PARK RD. 7284 W. PALMETTO PARK RD. D0048966 SUITE 101 S SUITE 101 S **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0612235 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAFERI (AHL)M 7284 W. PALMETTO PARK RD. SUITE 101 S **BOCA RATON FL 33433** 8. The above na hed entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ame of registered agent and title if applicable ature, typed 🕶 print 9. This corporates is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE DP Delete TITLE ☑ Change NAME NAME JAFERI, AHL M STREET ADDRESS STREET ADDRESS 1701 SW 12TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Delete TITLE TITLE DS NAME RAZA, SAYED M NAME STREET ADDRESS STREET ADDRESS 1701 S.W. 12TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attach

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR