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

095000084173 **DOCUMENT#** 

SIGNATURE:

## **FILED** Apr 29, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE  2. Pincipal Place of Business BOI _ N CANGRESS AVE	GOLD DEPOT INC  DO NOT WRITE IN THIS SPACE				04-29-2002 90085 005 ****150.00	
2. Principal Place of Business 801 - N CNGRESS AVE 801 - N CNGRESS AVE 985  Suite, Ap. 1. e. 1949 S  City & State 8 YNTON BEACH - FL COUNTY 2 2193426 County 3 34426 County 5 38.75 andicompart  The summer of the s					,	
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City & State Beyn Ton Beach FL City & State Beyn Ton Beach FL City & State Country 3 3426  Country 5 1. Name and Address of Current Registered Agent  Name HASNAIN RAZA Street Address (P.O. Box Numbris in Not Acceptable)  BOI N CANGPESS AND E498S  City Buyrron Beach FL Suprant pool or printed rate of agents agent as tose if ageitocide.  BOI N CANGPESS AND E498S  City Buyrron Beach FL Suprant pool or printed rate of agents agent as tose if ageitocide.  (IDTE Registered Agent Southern Internation)  Amended UBR is \$61.25  Make Check Physible to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  OFFICERS AND DIRECTORS  13.  OFFICERS AND DIRECTORS  14.  OFFICERS AND DIRECTORS  15.  OFFICERS AND DIRECTORS  16.  OFFICERS AND DIRECTORS  17.  OFFICERS AND DIRECTORS  18.  OFFICERS AND DIRECTORS  19.  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  OFFICERS AND D						
29 3426  Country  Saryage  T. Name and Address of Current Registered Agent  Name HASNAIN RAZA  Street Address (P.O. Box Numibility is Not Acceptable)  IN THIS SPACE  BOI- N CONGRESS AND # 4985  City Bynnon BEACH FL Zip Code  Signature, the delects to do so.  This corporation is eligible to eathly is intangible  9. This corporation is eligible to eathly is intangible  11. OFFICERS AND DIRECTORS  CITY ST-ZIP  MAKE  STREET ADDRESS  CITY ST-ZIP  TITLE  INME  INME  STREET ADDRESS  CITY ST-ZIP  TITLE  INME  INE  INME  STREET ADDRESS  CITY ST-ZIP  TITLE  INME  INTER  INT THIS SPACE  INT THIS SPACE  INT THIS SPACE  INT ST-ZIP  TITLE  INT THIS SPACE	Suite, Apt. #, etc. ## 96			35		
DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  BOI - N CONGIESS ANE #985  City Bynion Beach FL Zip Code 33422  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.  HASNAIN PASH MAY 15 CO PRICE Registered Agent signal agent and the dispolation.  9. This corporation is eligible to satisfy its Intangible Tax Illing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TIT	BUYNTON BEACH- FL BYNTON		NBEARLY. FL	SEARLY. FL 4. FEI Number 65-0616617 Applied For Applicable		
DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  BOI - N CONGIESS ANE #985  City Bynion Beach FL Zip Code 33422  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.  HASNAIN PASH MAY 15 CO PRICE Registered Agent signal agent and the dispolation.  9. This corporation is eligible to satisfy its Intangible Tax Illing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TIT	Zip 3342	26 Country	Zip33426	Country		
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SIGNATURE  SIGNATURE  9. This corporation is eligible to salisfy its Intangible Tax Illing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIFFECTORS  11. NEW HASNAIN RAZA  SIRRET ADDRESS  CITY-S1-ZP  11. OFFICERS AND DIFFECTORS  11. NEW HASNAIN RAZA  SIRRET ADDRESS  CITY-S1-ZP  11. OFFICERS AND DIFFECTORS  11. NEW HASNAIN RAZA  SIRRET ADDRESS  CITY-S1-ZP  11. OFFICERS AND DIFFECTORS  11. NEW HASNAIN RAZA  SIRRET ADDRESS  CITY-S1-ZP  11. TILE  NAME  SIRRET ADDRESS  CITY-S1-ZP  CITY-S1-ZP  11. TILE  NAME  SIRRET ADDRESS  CITY-S1-ZP  CITY-S1-ZP  11. TILE  NAME  SIRRET ADDRESS  CITY-S1-ZP  CITY-S1					s (P.O. Box Number is Not Acceptable)	
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    HASNAN   HASNAN	IN THIS SPACE 801-N				CONGRESS AVE #985	
SIGNATURE    Signature, typed or printed name of registered agent and tible it applicable.   (NOTE: Registered Agent signature required when rematating)   DATE				City Bay	NON REACH EL ZIPO	
SIGNATURE  Signature, typed or printed name of registered agent and tible if applicable. (INOTE: Registered Agent signature required when reinstalling)  9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  1	8. The above i	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	
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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 direct 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 a state of the corporation	indicated of of the corp	on this report or supplemental report is t	true and accurate and that nowered to execute this repor	ov signature shall have th	e same legal effect as if made under oath; that I am an offic	cer or director (11 or on an