## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P96000052342



FILED
Apr 23, 2003 8:00 am Secretary of State
04-23-2003 90267 012 \*\*\*150.00

1. Entity Nan	ne INRJ CORF	PORATION		S MES		04-23-2003 30207 01	.2 130		٦
Principal Place 2468 BELLAIR CLEARWATER US			Mailing Address 2468 BELLAIR RD CLEARWATER FL 33764 US						
2. Principal F	Place of Busines	SS	3. Mailing Address					NAMA (MAT (MAT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-3420876 Applied Not App			-
Zip		Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	ditional ed	
-	6. Name a	nd Address of Curren		<u> </u>		7. Name and Address of New Registered	Agent		1
				N	ame			-	1
QASSAM, 2468 BEL	ABDUL RAHI	М		Street Address		P.O. Box Number is Not Acceptable)			1
	ATER FL 3376	4						,	1
				C	ity	FL	Zip Cod	le	
	e named entity s tions of register		for the purpose of changing its	registered of	ffice or registere	ed agent, or both, in the State of Florida. I am I	amiliar with,	and accept	1
SIGNATURE	Signature, typed or	printed name of registered agen	at and title if applicable. (NOTE	: Registered Age	nt signature required	when reinstating) DATE	<u> </u>	<del></del>	
Afte	r (May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of				9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QASSAM, AI 2468 BELLA CLEARWATE		☐ Delete	NAME STREET ADI CITY-ST-Z			☐ Change	☐ Addition	CR2E034 (10/02)
NAME STREET ADDRESS	S QASSAM, N 2468 BELLA	ir rd	☐ Delete	TITLE NAME STREET ADI			Change	Addition	SH2   -
CITY-ST-ZIP	CLEARWATE	R FL 33764	Delete	CITY_ST-Z	(IP		☐ Change	Addition	}
NAME STREET ADDRESS			-	NAME Street adi			Onlango	Addition	
CITY-ST-ZIP	<del> </del>			CITY-ST-Z	IP		Change	- Addition	}
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADI	i		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADI	- 1		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI	DRESS		☐ Change	☐ Addition	
12. I hereby o	certify that the in	aformation supplied wit	h this filing does not qualify for	the exemption	on stated in Sec	ction 119 07(3)(i) Florida Statutes, Lifurther cert	tify that the iv	oformation	ĺ

reflect the modifiant supplied with this liling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**