

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000065734**1. Entity Name  
**S.F.N. ENTERPRISES, INC.****FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90001 015 \*\*\*150.00

0024860 AV

Principal Place of Business  
**5730 WEST HALLANDALE BEACH BLVD WEST**  
**HOLLYWOOD FL 33023**Mailing Address  
**5730 WEST HALLANDALE BEACH BLVD WEST**  
**HOLLYWOOD FL 33023****B0133733**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0686709**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**MUHAMED, NAWAZ H**  
**5730 WEST HALLANDALE BEACH BOULEVARD WEST**  
**HOLLYWOOD FL 33023**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE: *[Signature]* **REQUIRED**

CR2E034 (4/02)

Attachment

**AMERICAN ACCOUNTING, INC.**

20810 West Dixie Highway  
North Miami Beach, FL 33180  
Phone (305) 653-7350  
Fax (305) 653-5205

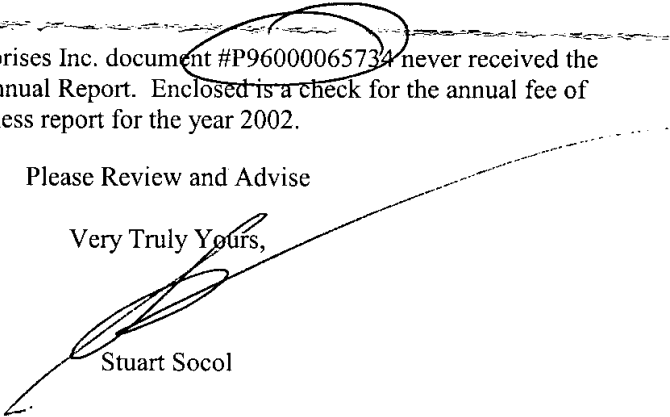
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Fla. Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

My client S.F.N. Enterprises Inc. document #P96000065734 never received the original 2002 Corporation Annual Report. Enclosed is a check for the annual fee of \$150.00, and a uniform business report for the year 2002.

Please Review and Advise

Very Truly Yours,



Stuart Socol