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

FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90138 002 ***150.00

DOCUMENT #	P96000075619
1 Entity Name .	

4-H 2000, Inc.



Subway #18958			/		,		
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Principal Place of Business 3. Mailing Address			13.				
	leveland Heights	-	land	Heights	5	•	
Suite, Apt. #, etc. Blvd. Suite. Apt. #, etc.			Blvd.		DO NOT WRITE IN THIS SPACE		
City & Stat Lakela	nd, F1	City & State Lakeland, F1		4. F		El Number	
3,3 ² ip.13	Country Po1k	33813~	Zip Country PO1k		_5 Ce	Certificate of Status Desired \$8.75 Additional Fee Required	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					7. Nam	e and Address of Current Registered Ag	
				Name Moos			
DO NOT WRITE		Control of the Control of the Control of		Street Address (P.C. Box Number is Not Acceptable) 638 Lake Clark Place.			
IN THIS SPACE						¥*-	
				City Lake	elar.	ıd FL	Zip Cod 33813
		the purpose of changing its	register	L ed office or registeri	ed agen	t, or both, in the State of Florida. I am famil	
ine obligat	ions of registered agent.						
SIGNATURE .	Signature, typed or printed name of registered wyent an	dutte d'applicante 040TE	Renistere	d Agent signature required	when reins	lating) DATE	
#11 to a substitution of the	nuary 1 - May 1 Fee is \$150.00		The grantine	a coffering trains a tradition			** **
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			•		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check 10,	Payable to Florida Department of S OFFICERS AND D				i Se Siri		
TITLE	Moosa Hojjati		ខ្មែរប	44 to \$44	at Agr	1020 Y 400 L 1030 G G S	Day States
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TITLE	Mahvash Hojjati		TITLE	No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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CITY-ST-ZIP	Lakeland, Fl.		12 × 25	ST-ZIP \$50			
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TITLE			14.00		(13.75) L (3.75)	IN THIS SPACE	
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CITY-ST-ZIP		•	\$26 page 2	ST-712 5 40 1 1 1 1 1 1 1 1			April Miles
TITLE			ÎNTÛ	445 M. p1. 944 5	rio relativ		45 8 28 45 34
NAME			NAM	APARTON SURFINE			
STREET ADDRESS CITY-ST-ZIP			200	T ADORESS S ST. ZIP.	445		
TITLE.			ilij.	Charles Time by the Date of the County Two			25 C. 20 J. 20 T. 20
NAME			NAME				000 - 50 5 7 6 5 7 7 8 1
STREET ADDRESS			87 at 1994	T ADDRESS			
CITY-ST-ZIP			1011	ST-ZIP			

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like employered.

3-15-03

Daytima Phone #