2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000103652** May 26, 2000 8:00 am Secretary of State PRESSING AGENDA, INC. 05-26-2000 90119 028 ***150.00 Principal Place of Business Mailing Address 4533 SUNBEAM RD. 4533 SUNBEAM RD. S-801 S-801 SMIT BURNUL OF JACKSONVILLE FL 32257-6148 JACKSONVILLE FL 32257 US 2. Principal Place of Business Mailing Address . ,智慧妈妈, Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State Applied For 59-3424443 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JABERRI, FARJAD Street Address (P.O. Box Number is Not Acceptable) 4533 SUNBEAM ROAD JACKSONVILLE FL 32257 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change . ☐ Addition ☐ Delete TITLE TITLE JABBERI, FARHAD NAME NAME 4533 SUNBEAM RD. S-801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Addition ☐ Delete TITLE TITLE NOORMOHAMMADI, SHAHIH NAME NAME STREET ADDRESS 4533 SUNBEAM RD. STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32257 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

(904) 448-8030

Date