FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

| DOCUMENT # P97000011512 (SAFA SUBS CORP. | | | | | 04-29-2002 90085 036 ***150.00 | | | |
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| ZHLH ZURG COKK. | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | · | | |
| 2. Principal P | tace of Business SE 8 ^H ST | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt, #, etc. | | _ | | DO NOT WR | ITE IN THIS S | PACE |
| City & Stat | î, FL | City & State | | | 4. FEI Nu | mber う <u>~085</u> 21 | 13 | Applied For Not Applicable |
| EE ^{,giS} | | Zip | Count | ту | 5. Certific | ate of Status Desired | | 88.75 Additional ee Required |
| 在大學 | | | 544. | | 7. Name an | d Address of Curren | t Registered | Agent |
| | | | 1 | Name ALI | SYE | | | |
| DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| IN THIS SPACE BALLOW 83PD WAY | | | | | | | | |
| City PEMBROKE PINES FL Zip Code 33084 | | | | | | | | 33034 |
| 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 Signuture, typed or printed name of registered digiffs and tide Tappiccable. (NOTE: Registered Agent signature required when reinstating) Daft E | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Amended Lake Check Payable | | | | (C.0)(0) | | Election Campaign F Trust Fund Contributi | | \$5.00 May Be Added to Fees |
| 11. | OFFICERS AND D | DIRECTORS | Time | a wasal kuma | | | | |
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| TITLE NAME | | | NAM | America Maria Santana | | | | |
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| CITY-ST-ZIP | | | 1,04,0571,00 | ST-ZP CAP | | | | |
| TITLE NAME | | | TITLE NAME | | +133 | | | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | 72.00 | ET ADORESS | 1 | DO NOT | WDI | TE 3.5 |
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| TITLE NAME | | • | TITLE | 24424 1 1 1 1 1 1 1 1 1 1 | i nji të na së Gjenja e se | NTHIS | SPAC | |
| STREET ADDRESS | | | | ET ADORESS | | eda 1190 | | All Services Apple |
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| TITLE | 1 | | TITLE | (2) 中华世界 (1) 1 中华 (2) A (2) | | | | |
| NAME STREET ADDRESS | $\overline{}$ | | 2.00 | TT ADORESS # | - | | 1 5 0 AU | |
| CITY-ST-ZIP | | | any, | ST. DP | | | 7777 1700 | |
| TITLE . | | | 846995080 | | | | 11.5 | |
| NAME STREET ADDRESS | | | STRE | ET ADORESS | and King | | | |
| CITY-ST-ZIP | | | 200000 | SI-10P | MAN T | | | TEXT TEXT TO SERVE A |
| ن يه مسما | certify that the information supplied with | ikia filian dona not qualific fo | r the eve | motion stated in Se | ction 119.07 | (3)(i). Florida Statutes | . I turther cert | irv mat me iniormation |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scorple Hase INA

e Daytime Phone #

CR2E034B (12)