2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # P97000025058 1. Entity Name SHAMS, INC. 01-21-2000 90111 004 ***150.00 Mailing Address Principal Place of Business 1299 E. COMMERCIAL BLVD 1299 E. COMMERCIAL BLVD OAKLAND PARK FL 33334-4813 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0738400 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAZZAQ, SOHAIL Street Address (P.O. Box Number is Not Acceptable) 300 NW 82ND AVE. #506 PLANTATION FL 33324 Zip Code City 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD ☐ Change ☐ Addition ☐ Delete TITI F TITLE RAZZAQ, SOHAIL NAME NAME STRÉET-ADDRESS 1299 E COMMERCIAL BLVD. STE H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334-4810 Delete ☐ Change Addition TITLE RAZZAQ, FARRUKH NAME NAME STREET ADDRESS 1299 E COMMERICAL BLVD. STE H STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334-4810 VPTD Change -XX Addition TITLE Delete Shoaib 'Zaman Khan NAME 1299 E. Commercial Blvd. Ste H STREET ADDRESS STREET ADDRESS Oakland Park FL 33334-4810 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ · Addition ☐ Delete TITI È NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.