FILED POLOTO 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 797000031017 1. Entity Name Labeerent Enterprises Inc.#2 01 MAR 26 PM 1: 27 SECRETARY OF STATE TALLAHASSEE: FEORIDA Principal Place of Business Mailing Address 178 W. State Road 434 P.O.BOX 196073 Winter Springs, FL 32708 Winter Springs, FL 32719-6073 2. Principal Place of Business 3. Mailing Address 2000 - 2001 UBC Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 38~3335084 Not Applicable Zip 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 Sirous Ghanimati 178 West State Road Street Address (P.O. Box Number is Not Acceptable) Winter Springs, FL 32708 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. <u>Sirous Ghanimati</u> Signature, typed or printed nan FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back)  $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99 TITLE ☐ Delete TITI F President NAME NAME Sirous Ghanimati STREET ADDRESS STREET ADORESS 178 West State Road 434 CITY-ST-7IP CITY ST-7IP Winter-Springs, FL 32708 TITLE TITLE NAME NAME **500003932245--**3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - 7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 entrustee enforced 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.

7Sirous Ghanimati

Daytime Phone #

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Resols

Division Of Corporations 409 East Gains Street Tallahassee, FL 32399

Dear Sir(s);

I am enclosing a sign copy of our annual report for year 2000 along with a check for the amount of \$158.75 which includes a certificate of status fee (\$8.75). We have called in several occasions (starting April of 2000) to inform you that we never received our annual report filling form in the mail therefore we are filling a generic copy and your office was kind enough to advise us to enclose a letter along with the form to explain the situation in order to waive the penalty.

We greatly appreciate your assistance in the matter and looking forward to receive a copy of certificate of good standing of our corporation in the mail.

Sincerely yours;
Sirous Ghammati, President.