2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90221 012 ***150.00

986200 AB

DOCUMENT # P97000072275

1. Entity Name
IQBAL GROVES, INC.

Principal Place of Business	Mailing Address
38350 CLINTON AVE DADE CITY FL 33525 US	2605 DOGWOOD COURT WEXFORD PA 15090

2. Principal Place of Business		3. Mailing Address	
		161 BUCKTHORN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: BADEN, PA	
Zip	Country	Zip: 15005-2561	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3465327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARROW, JAMES 3003 W. SITKA STREET TAMPA FL 33614	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	IQBAL, NADEEM		NAME	IQBAL, NADEEM	
STREET ADDRESS	2605 DOGWOOD COURT		STREET ADDRESS	161 BUCKTHORN ROAD	
CITY-ST-ZIP	WEXFORD PA 15090		CITY-ST-ZIP	BADEN, PA 15005-2561	
TITLE	V	☐ Delete	TITLE	V	☑ Change ☐ Addition
NAME	IQBAL, SABEEN		NAME	IQBAL, SABEEN	
STREET ADDRESS	2605 DOGWOOD COURT		STREET ADDRESS	161 BUCKTHORN ROAD	
CITY-ST-ZIP	WEXFORD PA 15090		CITY-ST-ZIP	BADEN, PA 15005-2561	
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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-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-22-03 (724)934-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)