

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90058 008 \*\*\*150.00

**DOCUMENT # P97000100156**



1. Entity Name  
**RAYS ENTERPRISE, INC.**

Principal Place of Business  
**3261 SEAWARD DRIVE  
POMPANO BEACH FL 33062**

Mailing Address  
**POST OFFICE BOX 350512  
FT. LAUDERDALE FL 33335**



2. Principal Place of Business  
**3299 N. DIXIE HWY.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite; Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**OAKLAND PARK, FL**

City & State

4. FEI Number **65-0794729**

Applied For  
Not Applicable

Zip **33335** Country **USA**

Zip Country

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**

**FAROKH Nia, MOHAMADREZA  
3261 SEAWARD DRIVE  
POMPANO BEACH FL 33062**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/5/03**

*MOHAMADREZA FAROKH NIA PRESIDENT 3/5/03*

**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  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FAROKH NIA, MOHAMADREZA</b>	
STREET ADDRESS	<b>3261 SEAWARD DRIVE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MOHAMADREZA FAROKH NIA 3/5/03 954-563-7297*  
Date Daytime Phone #

CR2E034 (10/02)