2002 Uniform Business Report (UBR)

SIGNATURE:

TRATURE AND TYPED OR PRINTED NAME OF SIG

May 15, 2002 8:00 am Secretary of State **DOCUMENT#** P98000031346 05-15-2002 90061 009 ***150.00 1. Entity Name WAHIDI & WAHIDI, INC. Principal Place of Business **Mailing Address** 12634 SWINTON COURT 12634 SWINTON COURT JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ... DO NOT-WRITE IN THIS SPACE City & State City & State Applied For 59-3506320 Not Applicable Country 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 WAHIDI, SHAHID Street Address (P.O. Box Number is Not Acceptable) 12634 SWINTON COURT JACKSONVILLE FL 32248 City 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. Signature, typed or printed name of registered agent and tale if conficable (NOTE: Registered Agent signature required when rein-9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After May 1, 2002 Fee will be \$550.00 800. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Oelete TITLE Addition NAME WAHIDI, SHAHID NAME STREET ADDRESS 12634 SWINTON COURT STREET ADDRESS CR2E034 JACKSONVILLE FL 32246 CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP TITLE . Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete me Change □ Addition NAME NAME STREET ADDRESS STREET, ADDRESS CHY-Status City-St-Zip * TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-2|P CITY-ST-21P TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certly 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 11 or Block 12 if

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