2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am DOCUMENT # P98000058370 Secretary of State 1. Entity Name RABBEY ENTERPRISES, INC. 02-20-2001 90013 023 ***150.00 Principal Place of Business Mailing Address 210 UNIVERSITY DR.: #502-210 UNIVERSITY DR.: #502 -CORAL SPRINGS-FL-33071-CORAL-SPRINGS FL 39071-2. Principal Place of Business 3. Mailing Address 4719 N.W. 183 - ST clo MAS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE .o. Box 771210 Applied For City & State City & State 4. FEI Number 65-0847408 Not Applicable NORTH \$8.75 Additional 5. Certificate of Status Desired Fee Required 33077 - 12,10 3*30* S S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAHMAN, ANISUR Street Address (P.O. Box Number is Not Acceptable) -210 UNIVERSITY DR., #502 -CORAL SPRINGS FL 93071 Zip Code 33*o55* 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 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 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, 2001 Fee will be \$550.00 П 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE 4719 N.W. 183 - STREET RAHMAN, ANISUR NAME STREET ADDRESS STREET ADDRESS 210 UNIVERSITY DR., #502 CITY-ST-ZIP NORTH MIAMI 33055 CITY-ST-7IP CORAL SPRINGS FL 33071 Change Addition TITLE ☐ Delete TITLE NAME NAME MIAH, MOHAMMAD STREET ADDRESS 210 UNIVERSITY DR., #502* STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete TITLE TITLE NAME FAKHRUL, MOHAMMED NAME STREET ADDRESS STREET ADDRESS 210 UNIVERSITY DR., #502 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 -Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANGE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00