05/01/2003 13:28 4073540470 DBSFL

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91770 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070817

1. Entity Name
MOHAMED & SONS, INC.

90128748

Principal Place of Business	Mailing Address
213 EAST MARKET STREET SMITHFILED, NC 27577	P.O. BOX 1263 SMITHFIELD, NC 27577

2. Principal Place of Business	3. Mailing Address
713 EAST MARKET ST.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Smithfield NC	City & State
Zip: 27577 / Country: USA	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0881295 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MIKE
7345 SAND LAKE ROAD
SUITE 412
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOHAMED, WAIL		NAME	
STREET ADDRESS	104 PARKWAY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SMITHFIELD, NC 27577		CITY-ST-ZIP	
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOHAMED, ALI		NAME	
STREET ADDRESS	104 PARKWAY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SMITHFIELD, NC 27577		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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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) 05/01/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #