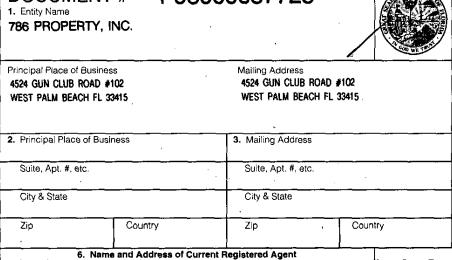
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	F
	-

98000087725



**FILED** Jul 30, 2003 8:00 am Secretary of State 07-30-2003 90070 030 \*\*\*550.00

			•							
Principal Place of Business 4524 GUN CLUB ROAD #102 WEST PALM BEACH FL 33415		452	Mailing Address 4524 GUN CLUB ROAD #102 WEST PALM BEACH FL 33415				T HERMEN HIS SINDS HAND END ENDER END	H		
2. Principal Place of Business		3. M	3. Mailing Address			<del></del>				
Suite, Apt. #, etc.		Sc	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	FEI Number 65-0869444 Applied For Not Applied by		Applied For Not Applicable	
Zip	Cou	ntry Zi	p ,	Country		5. (	Certificate of Status Desired	\$9.75 ^	dditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
A 100 11/4	A EN MAID. D				-Name	·		•		
AJINKA, ARVIND B 4524 GUN CLUB ROAD #102			<b></b>	Street Address (		ress (P.O. B	P.O. Box Number is Not Acceptable)			
WEST PA	LM BEACH FL 33	415								
-					City			FL Zip Co		
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 printer	name of registered agent and title if a	opplicable (NOTE	Registered	Agent signature re	equired when re	instating)	DATE		
<u> </u>			1							
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State			مانتواهم والمنتفي والمناسبين المرازع والمعاري		de <sub>al</sub> eman <del>en e</del> gen	↑ • • • Election Campaign Financiñ Trust Fund Contribution.		.00 May Be led to Fees		
10,		CTORS 11.		AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP	PD MOMEN, NASRI 10820 HAYDN I BOCA RATON F	OR.	☐ Delete					☐ Change	a Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOMEN, AFM 10820 HAYDN I BOCA RATON F		Delete .				,	☐ Change	e 🛅 Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	and the angular to the last of	The second of th	□ Delete	NAME STREE	ET ADDRESS ST-ZIP			— ☐ Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		J	, <u> </u>		☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ			☐ Change	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	

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: WELCHEREQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-479-7680