2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am P98000088323 DOCUMENT # **Secretary of State** 1. Entity Name HAJI V CORPORATION 03-29-2002 91434 010 ***150.00 Mailing Address Principal Place of Business 10754 SW 24 STREET 10754 SW 24 STREET MIAMI FL 33165 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0883249 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BASHIR, ALAMGIR Street Address (P.O. Box Number is Not Acceptable) 10754 SW 24 STREET **MIAMI FL 33165** Zip Code City 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. SIGNATÚRE 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, 2002 Fee will be \$550.00 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. 3R2E034 (9/01) Addition ☐ Defete TITLE BASHIR, ALAMGIR NAME NAME STREET ADDRESS 10754 SW 24 STREET STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change Delete 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 CITY-ST-ZIP

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: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE: | SIGNATURE:

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information