2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098873

1. Entity Name
DAWOOD FARMS CORP.

FILED
00 DEC -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/13/00 900450 042 $550.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7965 NW 21ST MIAMI FL 33126 US	7965 NW 21ST MIAMI FL 33126 US

2. Principal Place of Business	3. Mailing Address
4360 N.W 107th AV	4360 NW 107th AV
Suite, Apt. #, etc. APT #308	Suite, Apt. #, etc. APT #308
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33178 Country U.S.A	Zip 33178 Country U.S.A

4. FEI Number 65-0879383 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WOODBRIDGE, FREDERICK JR.~~ ~~100 N. BISCAYNE LVD., 21ST FLOOR~~ ~~MIAMI FL 33132~~	Name: MOHAMED MAQSUD LATIF Street Address (P.O. Box Number is Not Acceptable): 4360 N.W 107th AV APT #308 City: MIAMI, FL Zip Code: 33178

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 ✓ [signature] ✓ DATE 09/08/00
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATIF, MOHAMED M ~~100 N. BISCAYNE LVD., 21ST FLOOR~~ ~~MIAMI FL 33132~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MOHAMED MAQSUD ABDUL LATIF 4360 N.W 107th AV APT #308 MIAMI, FL 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATIF, MOHAMED Y ~~100 N. BISCAYNE LVD., 21ST FLOOR~~ ~~MIAMI FL 33132~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT MOHAMED YOUSUF LATIF 4360 N.W 107th AV APT #308 MIAMI, FL 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATIF, MAHOMED A ~~100 N. BISCAYNE LVD., 21ST FLOOR~~ ~~MIAMI FL 33132~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, TREASURER MAHAMED AMIN ABDUL LATIF 4360 N.W 107th AV APT #308 MIAMI, FL 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] ✓ 09/08/00 (305) 599-6525
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #