


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90106 040 ***158.75

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| DOCUMENT # P99000022469 |  |
| 1. Entity Name HAWARI & COMPANIES, INC. | |

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| Principal Place of Business 5905 SORRING AVE TAMPA FL 33617 US | Mailing Address P.O. BOX 270419 TAMPA FL 33688-0419 |
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| 2. Principal Place of Business 6102 RAIN Hollow CT | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|----------------------------------|-----------------------|
| City & State Tampa, FL | City & State |
| Zip 33617 | Country USA |

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| 4. FEI Number 59-3560336 | Applied For <input type="checkbox"/> Not Applicable |
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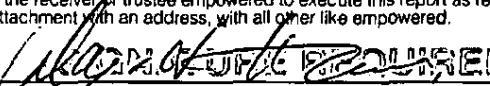
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HAWARI, MAJID M 5905 SORRING AVE TAMPA FL 33617 | |
| 7. Name and Address of New Registered Agent Name HAWARI, MAJID M. Street Address (P.O. Box Number is Not Acceptable) 6102 RAIN Hollow CT City TAMPA FL Zip Code 33617 | |

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| 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  | DATE 3/3/03 |

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP P HAWARI, MAJID M 5905 SORRING AVE TAMPA FL 33617 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT HAWARI, MAJID M. 6102 RAIN Hollow CT. TAMPA, FL 33617 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | Date 3/3/03 Daytime Phone # 813-249-5541 |

CR2034 (10/02)