Daytime Phone #

## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Trust Fund Contribution. Added to Fees    Trust Fund Contribution. Added to Fees	1. Entity No. 599, INC	JMENT # P9	9000047539	rt (UBR)	FILED Mar 28, 2002 8:00 am Secretary of State 03-28-2002 90019 048 ***150.00
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required.  8. Name and Address of Current Registered Agent  Name  HUSSAIN, SHABBIR  600 BRICKELL AVE.,#165  MIAMI FL 33131  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.  Signature typed or printed name of registered agent and title # applicable.  (MOTE Registered Agent signature together agent, or both, in the State of Florida.  Signature typed or printed name of registered agent and title # applicable.  (MOTE Registered Agent signature together agent, or both, in the State of Florida.  Signature typed or printed name of registered agent and title # applicable.  (MOTE Registered Agent signature together agent, or both, in the State of Florida.  Signature typed or printed name of registered agent and title # applicable.  (MOTE Registered Agent signature together agent, or both, in the State of Florida.  Signature typed or printed name of registered agent and title # applicable.  (MOTE Registered Agent signature together agent, or both, in the State of Florida.  Signature typed or printed name of registered agent and title # applicable.  (MOTE Registered Agent signature together agent, or both, in the State of Florida.  Signature typed or printed name of registered agent and title # applicable.  (MOTE Registered Agent signature together agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  SIRET ADDRESS  OD BRICKELL AVE., #165  MIAMI FL 33131  SI	600 BRICKEL	LL AVE#105	600 BRICKELL AVE #105		
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  Fee Required  T. Name and Address of New Registered Agent  Name  HUSSAIN, SHABBIR  600 BRICKELL AVE.,#165  MIAMI FL 33131  City  FL  Zip Code  Trust Fund Contribution.  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  MAME  HUSSAIN, SHABBIR  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  PD  HUSSAIN, SHABBIR  GOO BRICKELL AVE.,#165  MIAMI FL 33131  CITY-ST-ZIP  MIAMI FL 33131  CITY-ST-ZIP  MIAMI FL 33131  CITY-ST-ZIP  MAME  HUSSAIN, MUMTAZ  SIREET ADDRESS  GOO BRICKELL AVE.,#165  UNAME SIREET ADDRESS	2. Principal	Place of Business	3. Mailing Address		
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required.  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required.  HUSSAIN, SHABBIR 600 BRICKELL AVE., #165 MIAMI FL 33131  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.  SIGNATURE Signature, typed or proted name of registered agent and life if applicable. (NOTE Registered Agent signature required when remotating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD MAME HUSSAIN, SHABBIR  STREET ADDRESS OUTY-ST-ZIP MIAMI FL 33131  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD HUSSAIN, SHABBIR  STREET ADDRESS OUTY-ST-ZIP MIAMI FL 33131  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD HUSSAIN, SHABBIR  STREET ADDRESS OUTY-ST-ZIP MIAMI FL 33131  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD Change Additional Fee Pagents of Street Address (P.O. Box Number is Not Acceptable)  13. OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD Change Additional fee Pagents of Street Address (P.O. Box Number is Not Acceptable)  14. OFFICERS AND DIRECTORS  15. Certificate of Status Desired Agent agent and the if applicable in the pagent and the if applicable in the	Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
S. Certificate of Status Desired Se. 75 Additional Fee, Required.  6. Name and Address of Current Registered Agent  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.  SIGNATURE  Signature typed or proted name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  The Composition of the purpose of Changing its registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  The Composition of the purpose of Changing its registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  The Composition of the purpose of Changing its registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  The Composition of the purpose of changing its registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  The Double of Tax filing requirement and elects to do so. (See criteria on back)  The Composition of Tax filing requirement and elects to do so. (See criteria on back)  The Composition of Tax filing requirement and elects to do so. (See criteria on back)  The Composition of Tax filing requirement and elects to do so. (See criteria on back)  The Composition of Tax filing requirement and elects to do so. (See criteria on back)  The C	City & St	ate	City & State		65-0028720
6. Name and Address of Current Registered Agent  Pussain, Shabbir 600 BRICKELL AVE.,#165 MIAMI FL 33131  City  City  FL  Zip Code  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.  Signature. byted or printed name of registered agent and life # 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)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD  HUSSAIN, SHABBIR  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  HUSSAIN, MUMITAZ  SIREET ADDRESS  MIAMI FL 33131  CITY-ST-ZIP  HUSSAIN, MUMITAZ  500 BRICKELL AVE.,#165  MIAMI FL 321313  CITY-ST-ZIP  HUSSAIN, MUMITAZ  500 BRICKELL AVE.,#165  MIAMI FL 321313  CITY-ST-ZIP  HUSSAIN, MUMITAZ  500 BRICKELL AVE.,#165  MIAMI FL 321313	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
HUSSAIN, SHABBIR 600 BRICKELL AVE.,#165 MIAMI FL 33131  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.  SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating)  Polymeter and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD Delete HUSSAIN, SHABBIR STREET ADDRESS 600 BRICKELL AVE.,#165 MIAMI FL 33131  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD Delete HUSSAIN, SHABBIR STREET ADDRESS 600 BRICKELL AVE.,#165 MIAMI FL 33131  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD Delete HUSSAIN, SHABBIR STREET ADDRESS 600 BRICKELL AVE.,#165 MIAMI FL 33131  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS 600 BRICKELL AVE.,#165 MIAMI FL 33131  FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May		6. Name and Address of	Current Registered Agent		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD	600 BRIC	CKELL AVE.,#165			ss (P.O. Box Number is Not Acceptable)
SIGNATURE  Signature, typed or printed 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 filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11  TITLE  NAME  HUSSAIN, SHABBIR  5TREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33131  CITY-ST-ZIP  HUSSAIN, MUMTAZ  600 BRICKELL AVE., #165  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33131				City	FL Zip Code
11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD	9. This corp	Signature, typed or printed name of register correction is eligible to satisfy its in prequirement and elects to do so	tangible FILE NOW!!! After May 1, 2002	FEE IS \$150.00 Fee will be \$550.0	10. Election Campaign Financing \$5.00 May Be
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME HUSSAIN, SHABBIR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TREET ADDRESS	11.	OFFICER			
NAME STREET ADDRESS CITY-ST-ZIP MIAM EL 32131  NAME STREET ADDRESS CITY-ST-ZIP MIAM EL 32131	NAME STREET ADDRESS	HUSSAIN, SHABBIR 600 BRICKELL AVE.,#165	☐ Delete	NAME STREET ADDRESS	
	NAME STREET ADDRESS	HUSSAIN, MUMTAZ 600 BRICKELL AVE.,#165	☐ Delete	NAME STREET ADDRESS	
TITLE         SD         Delete         TITLE         Change         Addition           NAME         IDREES, MUHAMMAD         NAME         NAME           STREET ADDRESS         600 BRICKELL AVE.,#165         STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33131         CITY-ST-ZIP	NAME STREET ADDRESS	IDREES, MUHAMMAD 600 BRICKELL AVE.,#165	□ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE CHANGE Addition  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 the and securely contained.			☐ Delete	l l	☐ Change ☐ Addition