## 2002 Uniform Business Report (UBR)

## FILED May 15, 2002 8:00 am Secretary of State

1. Entity Name		00060312						0091 042 **	
Principal Place of Business 3918 VIA POINCIANA SUITE 10 LAKE WORTH FL 33467		Mailing Address 3918 VIA POINCIANA SUITE 10 LAKE WORTH FL 33467							
2. Principal Pl	ace of Business	3. Mailing Address			1		•		
Suite, Apt.	#, elc.	Suite, Apt, #, etc.				DO NOT W	RITE IN TI	HIS SPACE	
City & State		City & State			<b>4.</b> F	4. FEI Number 65-0931709 Applied For Not Applicable			
Zip Country		Zip	ntry	<b>5.</b> C	Certificate of Status Desire	d 🔀	\$8.75 Add		
	6. Name and Address of Current	Registered Agent	_1	<del>_</del>	7. N	lame and Address of Ne	w Register		
	O. ITUINO MINE PROGRAMO OF CHITCH	ن المستقد الم	مان المان الما المان المان ال	Name		هوه <del>کرد دید کیا</del> بند			-
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE.				Street Address	s (P.O. B	ox Number is Not Accept	able)	<del>-,</del>	
	HIA AVE. ABLES FL 33134								
				City			1	FL Zip Cod	9
8. The above	named entity submits this statement for	or the purpose of changing i	ts register	ed office or regis	tered ag	ent, or both, in the State o	Florida.	-	
SIGNATURE.		The state of the s	STF. Descriptor	id Agent signature requi	ired when re	inetating)	D/	ME	
	Signature, typed or printed name of registered agent	and their applicable. (194	JIE: Hegelen	N Van salimma iodu	702 W ROLLIN				
<ol> <li>This corporation is eligible to satisfy its Intangib         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>		FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of St				10. Election Campaign Trust Fund Contrib			May Be I to Fees
11,	OFFICERS AND	<u> </u>	12.			DITIONS/CHANGES TO	OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SHAIKH, BASHIR U 3918 WA POINCIANA, STE. 10 LAKE WORTH FL 33467	Delete	- 11					☐ Change	☐ Addillon
NAMEN STREET ADDRESS CITY-SI-ZIP	VD SHAIKH, SALEEMA N 3918 VIA POINCIANA, STE 10 LAKE WORTH FL 33467	Delata	- 11					☐ Change	☐ Addition
TITLE NAME	DAE WONTH PL 35407	☐ Delete	TITI	AE .				Change	Addition .
=street address* city-st-zip			)	EET ADDRESS (-ST-2)P				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	11					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	- 11	1	•			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11 -		<del></del>			☐ Change	Addition
13. I hereby a indicated	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee employer on an attachment with an address.	s true and accurate and that lowered to execute this repo with all other like empowers	n my signa ort as requ ed.	ired by Chapter 6	507, Flori		ame appe	ars in Block 11 o	r Block 12 if