FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P99000072937 DOCUMENT # 1. Entity Name 05-22-2002 90166 031 ***150 00 NAHID'S ENTERPRISE, INCORPORATED Mailing Address Principal Place of Business 1525 N.W. 3RD ST., STE, 14 1525 N.W. 3RD ST., STE, 14 DEERFIELD BEACH FL 33442 DEFRFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0942189 City & State Not Applicable \$8.75 Additional Country Country Zin 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAN ZURUL ISLAM NAHID, FATIMA Street Address (P.O. Box Number is Not Acceptable) 1525 N.W. 3RD ST., STE. 14 TORBAY DRIVE 12693 **DEERFIELD BEACH FL 33442** Zip Code 33428 BOCA - RATON 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 if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 · Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE PRESIDENT C M Delete TITLE NAME NAHID, FATIMA MANZURUL IS LAM NAME STREET ADDRESS 1525 N.W. 3RD ST., STE. 14 STREET ADDRESS 12693 TURBAY CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Addition TITLE ☐ Detete **CEOP** TITLE NAME ISLAM, MANZURUL J NAME STREET ADDRESS 1525 N.W. 3RD ST., STE. 14 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP