## P99000083098

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
, (Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 60					s, this sta	tement of	r
•	tted for a corporation or	_			FLORIDA		in ord	er
to change its reg	gistered office or register	ed agent, or b	oth, in the State	of Florida.				
1. The name of	the corporation: HUMA	YARA ENTER	RPRISES, INC					_
2. The principal	office address: C/O SH	OP & SAVE.	3301 SHERIDA	AN STREET	, HOLLYWOOE	), FL - 33	1021	_
3. The mailing a	address (if different): S	AME AS ABO	VE					_ _
4. Date of incorp	poration/qualification: 0	9/10/1999	Docum	ent number:	P9900008	3098		_
	d street address of the current of State:	rrent registered	d agent and regi	stered office	on file with the			
	MARTIN GOMES - 40	067 JUNCTIO	N BLVD. APT.	# 1 R, COR	ONA, NY- 1136	8		
	REGISTERED OFFIC	E - 3301 SHE	RIDAN ST. HC	LLYWOOD	, FL - 33021			
						Ξĕ	0	
6. The name and (if changed):	d street address of the ne	w registered ap	gent (if changed	l) and /or reg	istered office	LAHASS	04 JAN 13	-
	ROKSHANA BEGUM						B PH	ì
	6301 PARK STREET	, HOLLYWOO	DD, FL - 33024			FLO	<b>₹</b> (	
(P.O. Box or personal mailbox NOT acceptable)						RIDA	ယ	
The street addr	ess of its registered office identical.	ce and the stre	eet address of th	ne business	office of its regi	stered ag	ent, as	
Such change w the board, or th	as authorized by resolute corporation has been	tion duly ador notified in wr	oted by its board iting of the cha	d of director nge.	s or by an office	er so auth	iorized b	у
	mons "	131/03	<u>N</u>	ARTIN GO	MES, President			_
•	Signature of an officer or directed the appointment as regit to comply with the proving familiar with and accurately to reflect a change in writing of this change.	•	and agree to a tatutes relative tion of my posit ed office addre.	,	nted or typed name ar pacity, er and complete tered agent. Or confirm that the	•	ance of m locument tion has	ıy İs
£	ad Anna		E	ecember <b>≸</b>	i <b>&lt;√.</b> 5th. 2003			
2 10 m	Signature of Registered Agent	)	·		(Date)			_
If signing on be	ehalf of an entity:							
	1							
	(Typed or Printed Name)				(Capacity)			