FOR PROFIT CORPORATION (UBR)

CITY-ST-ZIP

SIGNATURE:

FILED

UN	IFUKM BUÐINE	32 KELOKI	(ORK)	_	•		
DOCUM 1. Entity Name	61			03 OCT 23 AM 9): 55		
BAHRI GROUP, INC.					SECRETARY OF S TALLAHASSIE, FLO	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
•	O NOT WRITE	IN THIS SE	PACE		900023338 09/25/0301053012	399 **150:00	
Principal Place of Business 2665 S. BAYSHORE DR. Suite. Apt. #. etc.		3. Mailing Address 2665 S. BAYSHORE DR. Suite Apt. #. etc.				02-C	
Suite, Apt. #, etc. Suite 609 City & State		Suite 609 City & State		4. FF	I Number	Applied For	
City & State Miami, FL 11103		Miami, FL			65-0954067	Not Applicable	
^{Zip} 33133	Country	Zip 33133	Country		ertificate of Status Desired	\$8.75 Additional Fee Required	
			Name	FADI A.	e and Address of Current Registered , BAHRI	I Agent	
*****	DO NOT W	的复数形式 企业 化多形值	Street Ac	ldress (P.O. Bo 2665 S.	x Number is Not Acceptable) BAYSHORE DRIVE	SUITE 609	
	IN THIS SP	ACE:	40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUITE 60			
	.44			Miami	FL nt, or both, in the State of Florida. I am f	-	
Janua Af	ter May 1, Fee is \$550.00 mended UBR is \$61.25 may be to Florida Department of		Registered Agent signatur	e required when rein	900023336 10/22/0301049018 steing) DATE 9. Election Campaign Financing Trust Fund Contribution.	**158.75 \$5.00 May Be	
10.	OFFICERS AND D	DIRECTORS				4.5	
NAME STREET ADDRESS CITY-ST-ZIP	PSD BAHRI, FADI A. 2665 S. BAYSHORE MIAMI, FL 33133	DR.	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		NAME STREET ADDRESS CITY+ST-ZIP				
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRI	TE	
NAME STREET ADDRESS CITY-ST-ZIP			NAME: STREET ADDRESS CITY ST-ZIP		TIN THIS SPAC	3E	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			NAME.				

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

210/23

Daytime Phone #

Date

- Place Do Not lemove from Report

Bahri Group, Inc.

> 2665 South Baysnore Drive Suited 609 Miami, FL 33133

September 15, 2003

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Dear Representative:

Enclosed please find the 2003 Uniform Business Report (UBR) for Bahri Group, for processing. I have also enclosed a check in the amount of \$150.00 to cover the filing fee. We respectfully request the waiver of the late filing penalty due to the fact that the original Business Report was never received.

Please note that the address shown on this report differs from the original address recorded as principal place of business address. Please adjust your records accordingly to reflect new business address. Thank-you for-your-assistance-in-resolving-this-matter.

Sincerely

Fadi A. Bahri