2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19185

1. Entity Name

AYSHA CORPORATION

Principal Place of Business	Mailing Address
13901 N.W. 67th Ave. Miami Lakes, FL 33014	19221 E. Lake Dr. Hialeah, FL 33014

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	12505 W.Dixie Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: North Miami,Florida
Zip / Country	Zip: 33161 / Country: USA

4. FEI Number: 65-0242293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Abdul Hameed
12505 W. Dixie Drive
North Miami, Florida 33161

7. Name and Address of New Registered Agent

Name: Abdul Hameed
Street Address (P.O. Box Number is Not Acceptable): 12505 W. Dixie Highway
City: North Miami FL Zip Code: 33161

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] ABDUL HAMEED   4-23-01
Signature, typed or printed 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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Dir/Pres/Treas/Sec ☐ Delete	TITLE	Vice Pres ☐ Change ☒ Addition
NAME	Imtiaz Paracha	NAME	Abdul Hameed
STREET ADDRESS	12505 W. Dixie Highway	STREET ADDRESS	12505 W. Dixie Highway
CITY-ST-ZIP	North Miami, FL 33161	CITY-ST-ZIP	North Miami, FL 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] ABDUL HAMEED 4.23-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #