2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

th an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # V18772** 1. Entity Name SINA ENTERPRISE, INC. 01-29-2001 90041 038 ***150.00 Principal Place of Business Mailing Address 5068 W ATLANTIC AVE 5068 W ATLANTIC AVE DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 UUUUJZDJ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0324727 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAZARI, ABBAS Street Address (P.O. Box Number is Not Acceptable) 3890 N 39 AVE **APT 125** HOLLYWOOD FL 33021 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE HOUSHANG, ESMAEILZADEH NAME NAME STREET ADDRESS STREET ADDRESS 3890 N 39 AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition ☐ Delete TITLE DAVANINEZHAD, NAHID NAME NAME STREET ADDRESS 3890 N 39 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change X Addition TITLE □ Delete TITI F DATIFIE NAME DIANAT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive for trustee erripowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

11.460 000

D. Mrat - 1/19/01 561-4

Date Daytime Phot

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