

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 019 ***150.00

DOCUMENT # P01000071353

1. Entity Name

S 3 B ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2780 PARK DRIVE

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
M

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

4. FE Number

59-3731962

Applied For

Not Applicable

Zip

33763

Country

Zip

Country

5. Certificate of Status Desired

\$3.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LALLANI, SHAMSA B

Street Address (P.O. Box Number is Not Acceptable)

2780 PARK DRIVE # M

City CLEARWATER

FL

Zip Code 33763

**DO NOT WRITE
IN THIS SPACE**

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: Not signed agent signature required when re-issuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LALLANI, SHAMSA B
STREET ADDRESS 2780 PARK DRIVE # M
CITY - ST - ZIP CLEARWATER FL 33763

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP
NAME LALLANI, BADRUDDIN
STREET ADDRESS 2780 PARK DRIVE # M
CITY - ST - ZIP CLEARWATER, FL 33763

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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 507, Florida Statutes; and that my name appears in Block 11 on an attachment with an address, with all other like empowered.

SIGNATURE: Shamsa B Lallani

LALLANI, SHAMSA B 5/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CK2E034B (12/01)