

05-15-2002 90105 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70091
 1. Entity Name
ALY HASSAN SHAH INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 NW 17TH ST
 Suite, Apt. #, etc.
 City & State
MIAMI FL
 Zip
33136
 Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number
65-0041044
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required***

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7. Name and Address of Current Registered Agent
 Name **JOHN MILITANA**
 Street Address (P.O. Box Number is Not Acceptable)
8801 BISCAYNE BLVD #101
 City **MIAMI** FL Zip Code **33138**

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 _____ (NOTE: Registered Agent Signature required when changing) 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 V	NAME JUNAID AKBAR	STREET ADDRESS 1341 SW 104 AVE	CITY-ST-ZIP PEMBROKE PINES FL
TITLE PD	NAME MASOOD MANZER	STREET ADDRESS 9360 FONTAINBLEU BLVD 405	CITY-ST-ZIP MIAMI FL
TITLE VP	NAME JUNAID FAUZIA	STREET ADDRESS 1341 SW 104 AVE	CITY-ST-ZIP PEMBROKE PINES FL
TITLE S	NAME SIDDIQUI SULEMAN	STREET ADDRESS 9360 FONTAINBLEU BLVD	CITY-ST-ZIP MIAMI FL 33172
TITLE S	NAME ASHAR NIGHTAT	STREET ADDRESS 845 E 49 ST	CITY-ST-ZIP HIALEAH FL 33013
TITLE T	NAME KHAN ABBAS	STREET ADDRESS 845 E 49TH ST	CITY-ST-ZIP HIALEAH FL 33013

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

SIGNATURE: *Masood Manzer* 0423-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)