## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800002461

AFTAB AND GUL CUMBER FAMILY FOUNDATION, INC.

Principal Place of Business 10100 WEST SAMPLE ROAD

STE 205 **CORAL SPRINGS FL 33065** 

2. Principal Place of Business

Mailing Address

10100 WEST SAMPLE ROAD

STE 205

CORAL SPRINGS FL 33065

2a. Mailing Address

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90250 042 \*\*\*\*61.25

538324 - 90250 - 42



Date Incorporated or Qualified 04/28/1998

21	•	26				04/28/1990		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	App	lied For
22	27					31-1597499	Not	Applicable
City & State City & State						5. Certificate of Status Desired	\$8.75 A	I
23	28					5. Certificate of Status Desired	Fee Red	uired
Zip				Country		6. Election Campaign Financing	\$5.00	May Be
24	25 29 30					Trust Fund Contribution	Added to	Fees
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
				81	Name			•
CUMBER, AFTAB A				82 Street Address (P.O. Box Number is Not Acceptable)				
10100 WEST SAMPLE ROAD				32	Sueet Addie	as (1.0. box regimes to receive occupancy		
STE 205				83				
CORAL SPRINGS FL 33065							"To-1 7:- 0	
CUMAL SPRINGS PL 33003				84	City	FL	85 Zip C	ode
A4 D CAT OF CAT					named corpo	ration submits this statement for the purpose of	changing its	registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Stopphure byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent  12. OFFICERS AND DIRECTORS  13.						ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
		□ DELETE	1.1 TIT	16			Change	Addition
TITLE				12 NAME				_
NAME	COMPEN, ALL IND A							
STREET ADDRESS 10100 W SAMPLE RD, STE 205				1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-ST-ZIP		<del></del>	Change	Addition
TITLE	D DELETE			2.1 TITLE			□ Cuange	[] Addition
NAME	COMPERT GOE /			2.2 NAME				]
STREET ADDITION TO STATE LEE THE, OTHER LEE				REET.	ADDRESS			ŀ
CITY-ST-ZIP				TY-\$1	T- ZIP			TTT A JUNE
TITLE	D DELETE			ſΕ			Change Change	Addition
NAME	CONTRACTOR OF THE CONTRACTOR O			ME	İ			
STREET ADDRESS	TADDRESS 4001 NW 97 AVE, STE 201			REET	ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33178			TY-ST	-ZIP			
TITLE	V D □ DELETE		4.1 TIT	LE			Change	Addition
NAME	CUMBER, AFTAB A		4. 2 N	ME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CIT	TY-ST	-ZIP			
TITLE				LE.			Change	☐ Addition
NAME			5.2 NA	ME				ĺ
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP	5.40			ry-st	-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE			☐ Change	Addition
NAME			6.2 NA	ME				)
			6.3 ST	REET	ADDRESS			
STREET ADDRESS			6.4 CI		İ			
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify				ection 119.07(3)(i), Florida Statutes. I further cer	tify that the in	rformation

indicated on this annual report or supplied with an siling does not qualify for the exemption stated in 196,0101, 197,03 called states. In the 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachinent with an address, with all other like empowered.

SIGNATURE: