

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90001 023 \*\*\*150.00

0122087

**DOCUMENT # P00000095607**

1. Entity Name  
**MAKHDOOM CORPORATION**

Principal Place of Business  
 18350 NW 47TH AVE.  
 MIAMI FL 33055

Mailing Address  
~~18350 NW 47TH AVE.~~  
~~MIAMI FL 33055~~

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**6602 SW 61TH**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State  
**South Miami**

4. FEI Number  
**65-1051291**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33143-8109 MIAMI-DADE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LYLEN, IAN J~~  
~~1926 BRICKELL AVE., SUITE D-207~~  
~~MIAMI FL 33149~~

Name  
**FRASAT FAROOQ, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6602 SW 61TH**  
 City  
**SOUTH MIAMI** FL Zip Code  
**33143**

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 *Prasat Farooq* **PRASAT FAROOQ**

1-16-01

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D AHMED, SAMI	18350 NW 47TH AVE.	MIAMI FL 33055	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Sami Ahmed*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAMI AHMED - DIRECTOR**

1-16-01

Date

(305) 825-8087

Daytime Phone #

CR2E034 (10/00)