

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

0179150 AV

DOCUMENT # P02000080095



1. Entity Name
Z. ZAREEFA KHAN, ESQUIRE, P.A.

05-12-2003 90198 039 ***150.00

Principal Place of Business
13067 N.W. 23RD STREET
PEMBROKE PINES FL 33028

Mailing Address
13067 N.W. 23RD STREET
PEMBROKE PINES FL 33028



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

05-0522031

Not Applicable

Zip

Country

Zip

Country

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

KHAN, ZAILA ZAREEFA
13067 N.W. 23RD STREET
PEMBROKE PINES FL 33028

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	KHAN, ZAILA ZAREEFA	
STREET ADDRESS	13067 N.W. 23RD STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03 9548937172
Date Daytime Phone #

CR2E034 (10/02)

THE LAW OFFICE OF
Z. ZAREEFA KHAN, ESQ., P.A.

450 N. PARK ROAD, SUITE 802
HOLLYWOOD, FLORIDA 33021
TEL: 954.893.7172 FAX: 954.893.7385

Attachment
#P02000080095
80118262

May 7, 2003

Department of Corporations

To Whom It May Concern;

I spoke with a lady via telephone earlier today who advised me to include this follow up letter with my check requesting a waiver of the \$400 late filing penalty.

I incorporated in July 2002. I was believed that I needed to re-incorporate on a yearly calender basis from the date of incorporation, and not upon the fiscal year. I did not realize my error until I met with an accountant and he inquired whether or not I had already filed the papers. He then informed me that the yearly incorporation takes place based upon the fiscal year, and not upon the date the corporation was originally incorporated.

I realize the error is mine, however, I am requesting that the fee be waived as this is my first year of re-incorporating, and this will not happen in the future as I now know it must be done on a fiscal year basis.

I thank you for your time and consideration in this matter.

Sincerely,


Zaila Zareefa Khan