

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

0186495 AV

05-05-2003 90371 039 ***150.00

DOCUMENT # P02000082970

1. Entity Name
SHAH & ASSOCIATES, INC



Principal Place of Business
5770 LAKESIDE DR
SUITE 823
MARGATE FL 33063

Mailing Address
5770 LAKESIDE DR
SUITE 823
MARGATE FL 33063

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
47-0880043

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAFEEK, SHAHEED
5770 LAKESIDE DR
823
MARGATE, FL FL 33063

7. Name and Address of New Registered Agent

Name
Same

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 *Shahed Rafeek*

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

TITLE	P <input type="checkbox"/> Delete
NAME	RAFEEK, SHAHEED
STREET ADDRESS	5770 LAKESIDE DR
CITY-ST-ZIP	MARGATE FL 33063
TITLE	D <input type="checkbox"/> Delete
NAME	SUBRATI, ABDUL S
STREET ADDRESS	5770 LAKESIDE DR/823
CITY-ST-ZIP	MARGATE FL 33063
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FAZAL, SHAMEER
STREET ADDRESS	5770 LAKESIDE DR/823
CITY-ST-ZIP	MARGATE FL 33063
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Shahed Rafeek* **SIGNATURE REQUIRED**

4/30/03 **954-968-5314**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)