

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052886

1. Entity Name

PUNJAB MOBIL MART, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90444 002 ***150.00

Principal Place of Business

9497 NW 7 AVE
MIAMI FL 33150
US

Mailing Address

9497 NW 7TH AVE
MIAMI FL 33150-2013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0434125

Applied For

Not Applicable

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

TAHIR, JAMILA
1111 NE 203 ST
MIAMI FL 33179

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.

SIGNATURE

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, 2000 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 VP ☐ Delete
NAME SHAREEF, RAMZAN
STREET ADDRESS 13100 SW 92ND AVE APT C 402 Address Change
CITY-ST-ZIP MIAMI-FL

TITLE ☒ Change ☐ Addition
NAME SHAREEF RAMAZAN
STREET ADDRESS 11391 SW 3RD ST
CITY-ST-ZIP Pembroke Pines FL 33025

TITLE STD ☐ Delete
NAME ISMAIL, MOHAMMAD T
STREET ADDRESS 1111 NE 203 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME TAHIR, JAMILA
STREET ADDRESS 1111 N.E. 203 STREET
CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jamila Tahir President

04-23-2000 305-7519654

Date

Daytime Phone #