

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 28, 2001 08:00 AM
Secretary of State

DOCUMENT # P94000006259

1. Entity Name
JADOON & COMPANY, INC.

| | |
|---|---|
| Principal Place of Business 1250 S.W. 27TH AVE. FT. LAUDERDALE FL 33312 | Mailing Address 1250 S.W. 27TH AVE. FT. LAUDERDALE FL 33312 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---|
| 4. FEI Number 65-0462410 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JADOON MOHAMMAD S
 1250 S.W. 27TH AVE.

 FT. LAUDERDALE FL 33312 US

7. Name and Address of New Registered Agent

Name
 JADOON AYAZ K
 Street Address (P.O. Box Number is Not Acceptable)
 1250 S.W. 27TH AVE.

 City
 FT. LAUDERDALE FL Zip Code
 33312

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 AYAZ K JADOON DATE 01/28/2001
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 | |
|---|--|
| TITLE VP | <input checked="" type="checkbox"/> Delete |
| NAME JADOON AYAZ K | |
| STREET ADDRESS 12500 RIVERLAND ROAD | |
| CITY-ST-ZIP FORT LAUDERDALE FL 33312 | |
| TITLE PSD | <input type="checkbox"/> Delete |
| NAME JADOON MOHAMMAD S | |
| STREET ADDRESS 1250 S.W. 27TH AVE. | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33312 | |
| 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 | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE PSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JADOON AYAZ K | |
| STREET ADDRESS 1250 S.W. 27TH AVE. | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33312 | |
| 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 | |

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: AYAZ K JADOON PSD Date 01/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)