2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P98000058370

1. Entity Name

Principal Place of Business

SIGNATURE: Mal

RABBEY ENTERPRISES, INC.

WWW. UNIVERSITY DR. #502		210 UNIVERSITY DR. #502 CORAL SPRINGS FL 33071-7392							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	N THIS SP	ACE	
City & State	9	City & State		4. F	4. FEI Number 65-0847408			Applied For Not Applicable	
Zip	Country	Zip .	Count	гу	5. (Certificate of Status Desired			
. , -	6. Name and Address of Current	Registered Agent	1		7. N	lame and Address of New Regi	stered Ag	ent	
	·			Name		-			
	MAN, ANISUR UNIVERSITY DR., #502		S C. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0847408 Applied For Not Applicable St. Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Polytic Registered office or registered agent, or both, in the State of Florida. [NOTE Registered Agent signature required when remistancy) DATE NOWILL FEE IS \$150.00 VI 1, 2000 Fee will be \$550.00 VI 2, 2000 Fee will be \$550.00 VI 2, 2000 Fee will be \$550.00 VI 1, 2000 Fee will be \$550.00 VI 2, 2000 Fee will be \$550.00 VI 1, 2000 Fee will be \$550.00 VI 2, 2000 Fee will be \$550.00 VI 1, 2000 Fee will be \$550.00 VI 2, 2000 Fee will be \$550.00 VI 3, 2000 Fee will be \$550.00 VI 3, 2000 Fee						
	AL SPRINGS FL 33071		ļ						
						<u></u> ,	FL	Zip Cod	le
9 The above	named entity submits this statement for	the purpose of changing its	registere	d office or real	stered age	ent, or both, in the State of Florida			
e, me above	Tiarried entity addition this statement for	the purpose of chariging he	,,og,o		-10:	,			
SIGNATURE .									
ordina trottle .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature req	juired when re	einstating)	DATE		
Tax filling r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of \$500.00			1			
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE				Ī	Change	☐ Addition
NAME	RAHMAN, ANISUR								
STREET ADDRESS	210 UNIVERSITY DR., #502			i i					
CITY-ST-ZIP	CORAL SPRINGS FL 33071							Channa	☐ Addition
TITLE	SD ANALY MACHINAMAN	☐ Delete					l	change	☐ ¥00minii
NAME STREET ADDRESS	MIAH, MOHAMMAD 210 UNIVERSITY DR., #502								
CITY-ST-ZIP	CORAL SPRINGS FL 33071								
TITLE	TD	□ Delete	TITLE					Change	Addition
NAME	FAKHRUL, MOHAMMED		NAM	Ē .					
STREET ADDRESS	210 UNIVERSITY DR., #502		STRE	ET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY	-ST-ZIP					
TITLE		☐ Delete		1			l	☐ Change	☐ Addition
NAME									!
STREET ADDRESS	}			j j					
CITY-ST-ZIP								Change	Addition
TITLE NAME		☐ Delete					1		
STREET ADDRESS									
CITY-ST-ZIP									
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAMI	E					
STREET ADDRESS				l l					
CITY-ST-ZIP	1		CITY	-ST-ZIP					ļ

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.

alma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2000 8:00 am Secretary of State 02-10-2000 90019 026 ***150.00

305-620-1772

Daytime Phone #