

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90013 023 ***150.00

DOCUMENT # P98000058370

1. Entity Name
RABBEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~210 UNIVERSITY DR., #502~~
~~CORAL SPRINGS FL 33071~~

~~210 UNIVERSITY DR., #502~~
~~CORAL SPRINGS FL 33071~~

2. Principal Place of Business

3. Mailing Address

4719 N.W. 183rd ST.

c/o MAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH MIAMI FL

CORAL SPRINGS FL

Zip

Country

Zip

Country

33055

33077-1210

4. FEI Number **65-0847408**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAHMAN, ANISUR
~~210 UNIVERSITY DR., #502~~
~~CORAL SPRINGS FL 33071~~

Name

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

4719 N.W. 183rd STREET

City

NORTH MIAMI

FL

Zip Code

33055

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RAHMAN, ANISUR	210 UNIVERSITY DR., #502	CORAL SPRINGS FL 33071	<input type="checkbox"/>
SD	MAH, MOHAMMAD	210 UNIVERSITY DR., #502	CORAL SPRINGS FL 33071	<input type="checkbox"/>
TD	FAKHRUL, MOHAMMED	210 UNIVERSITY DR., #502	CORAL SPRINGS FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4719 N.W. 183rd STREET	NORTH MIAMI FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4719 N.W. 183rd STREET	NORTH MIAMI FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4719 N.W. 183rd STREET	NORTH MIAMI FL 33055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

305-620-1772

Daytime Phone #

CR2E034 (10/00)