

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000047680

1. Entity Name

HAJI VI CORPORATION

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90001 011 \*\*\*150.00

Principal Place of Business

8300 WEST FLAGLER STREET  
 MIAMI FL 33144

Mailing Address

8300 WEST FLAGLER STREET  
 MIAMI FL 33144-2096

2. Principal Place of Business

8565 S.W. 24 ST

3. Mailing Address

10754 S.W. 24 ST

Suite, Apt. #, etc.

# 102

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

MIAMI Florida

4. FEI Number

65-0932848

Applied For

Not Applicable

Zip

33155

Country

U.S.A.

Zip

33165

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BASHIR, ALAMGIR  
 8300 WEST FLAGLER STREET  
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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

*Alamgir Bashir* (ALAMGIR BASHIR) <sup>President</sup>

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

TITLE: PTD  
 NAME: BASHIR, ALAMGIR  Delete  
 STREET ADDRESS: 8300 WEST FLAGLER STREET  
 CITY-ST-ZIP: MIAMI FL 33144

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
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TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE:  Change  Addition  
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 CITY-ST-ZIP:

TITLE:  Change  Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00 (305) 225-8400

CR2034 (9/99)