


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0319275 AV

**DOCUMENT #** P99000060776

**1. Entity Name**  
BAGS PLUS, INC.



FILED  
04 FEB -9 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>Principal Place of Business</b> 12510 SW 97 STREET MIAMI FL 33186	<b>Mailing Address</b> 12510 SW 97 STREET MIAMI FL 33186
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<b>2. Principal Place of Business</b> 12510 SW 97 ST	<b>3. Mailing Address</b> 12510 SW 97 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT 02-09

CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> MIAMI FL	<b>City &amp; State</b> MIAMI FL
<b>Zip</b> 33186	<b>Country</b> USA

<b>4. FEI Number</b> 65-0933344	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

~~RAUF, SHAMA~~ RAUF SHAHZADA (PRES)  
12510 SW 97 STREET  
MIAMI FL 33186

**7. Name and Address of New Registered Agent**

Name RAUF SHAHZADA  
Street Address (P.O. Box Number is Not Acceptable)  
12510 SW 97 ST  
MIAMI  
City MIAMI FL Zip Code 33186

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Rauf Shahzada (NOTE: Registered Agent signature required when reinstating) DATE 1-9-04

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5:00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>RAUF, SHAMA</del> 12510 SW 97 STREET MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PRES) RAUF SHAHZADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12510 SW 97 ST MIAMI FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300028401033 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/09/04--01022--018 **1358.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Rauf Shahzada **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 1-9-04 Daytime Phone # 305-607-6106

CR2E034 (10/02)