

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90004 010 ***150.00

DOCUMENT # P98000080011

1. Entity Name
FAGUN ENTERPRISES INC.

Principal Place of Business

**1385 ELRAY BLVD.
 MT. DORA FL 32757**

Mailing Address

**1385 ELRAY BLVD.
 MT. DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3535845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAMDANI, SADRUDDIN A
 1385 ELRAY BLVD.
 MT. DORA FL 32757**

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **MAMDANI, SADRUDDIN A**
 STREET ADDRESS **1385 EL RAY BLVD**
 CITY-ST-ZIP **MT DORA FL 32757**

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

TITLE **S** ☐ Delete
 NAME **MAMDANI, NAJMA S**
 STREET ADDRESS **1385 EL RAY BLVD**
 CITY-ST-ZIP **MT DORA FL 32757**

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

TITLE **VP** ☐ Delete
 NAME **SHIROFF, GULSTIAN**
 STREET ADDRESS **13439 MAYARD COVE**
 CITY-ST-ZIP **ORLANDO FL 32757**

TITLE **VP** ☐ Change ☐ Addition
 NAME **SHROFF GULSHAN**
 STREET ADDRESS **13439 MALLARD COVE BLVD**
 CITY-ST-ZIP **ORLANDO FL- 32857**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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

(MAMDANI SADRUDDIN) 7/10 352,735 5494
 Date Daytime Phone #

CR2E034 (5/01)

Attachment A0077291

FAGUN ENTERPRISES INC.

87-7-9-01

1385 ELRAY BLVD.
MOUNT DORA. FL-32757

P98000080011

DIVISION OF CORPORATION

P.O. Box 1500

TALLAHASSEE FL-32302-1500

(Uniform Business Report Filing)

Sir,

This filing of report is delayed because we had not received the form in-time. I had duly called in the month of June to your office and informed so and had requested to send us a form. When I received the form it required us to pay \$550 instead of \$150/- I again called your office and explained whereupon I was advised to attach a letter as this and send \$150-00.

It is therefore requested kindly to condone the delay and oblige.

Thanks

S. A. Maudani
President