

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90036 022 ***150.00

DOCUMENT # P01000078759

1. Entity Name

MAAJI CORPORATION

Principal Place of Business

**9990 SW 77 AVE STE 330
 MIAMI FL 33156-2699**

Mailing Address

**9990 SW 77 AVE STE 330
 MIAMI FL 33156-2699**

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

65-1154054

Applied For

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

MARGOLIS, JOHN A

9990 SW 77 AVE STE 330

MIAMI FL 33156-2699

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 \$150.00
After May 1, 2002 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 **D**
 NAME **MYSOREWALA, ANWER**
 STREET ADDRESS **10560 SW 139 STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

☐ Delete

TITLE **D**
 NAME **MYSOREWALA, ANWER**
 STREET ADDRESS **965 NE 125 St.**
 CITY-ST-ZIP **MIAMI, FL 33161**

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **D**
 NAME **MOHAMMED HANIF KARIM**
 STREET ADDRESS **965 NE 125 Street**
 CITY-ST-ZIP **North Miami, FL 33161**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **D**
 NAME **AFZAL MAJID**
 STREET ADDRESS **965 NE 125 Street**
 CITY-ST-ZIP **North Miami, FL 33161**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **SEC/TREAS**
 NAME **SHAFI MAJID**
 STREET ADDRESS **965 NE 125 St.**
 CITY-ST-ZIP **North Miami, FL 33161**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **D**
 NAME **IDRIS MYSOREWALA**
 STREET ADDRESS **965 NE 125 St.**
 CITY-ST-ZIP **North Miami, FL 33161**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **Pres.**
 NAME **MOHAMMED JAMIL**
 STREET ADDRESS **965 NE 125 St.**
 CITY-ST-ZIP **North Miami, FL 33161**

☐ Change

☒ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4-18-01 305 661 0919

Daytime Phone #

CR2E034 (9/01)