

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90088 026 ***158.75

DOCUMENT # 571905

1. Entity Name

SIDDIQ KHAN & ASSOCIATES, INC.



Principal Place of Business

7400 S.W. 50TH TERRACE

SUITE # 105

MIAMI FL 33155

US

Mailing Address

7400 S.W. 50TH TERRACE

SUITE #105

MIAMI FL 33155

US

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 **59-1845380**

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

KHAN, MOHAMMAD SIDDIQ

7400 SW 50TH TERR #105

MIAMI FL 33156

Name **Altamash Aadil Khan**

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

7400 SW 50th Terrace, Suite 105

City **Miami**

FL

Zip Code **33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KHAN, MOHAMMAD SIDDIQ**
CITY-ST-ZIP **6052 S.W. 88TH STREET**
MIAMI FL

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TAIMUR, KHAN A**
CITY-ST-ZIP **6052 S.W. 88TH ST.**
MIAMI-FL 33155

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Khan, Taimur A.**
CITY-ST-ZIP **6052 SW 88 ST**
Miami, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Khan, Altamash A.**
CITY-ST-ZIP **6052 SW 88 ST**
Miami, FL 33156

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
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Altamash Khan, Treasurer 3/4/03

Date

Daytime Phone #

305-662-2301

0064763 AV

CR2E034 (10/02)