

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2000 90133 020 ****61.25

DOCUMENT # 737272

1. Entity Name

PAK - AMERICAN ISLAMIC CULTURAL CORPORATION, INC

Principal Place of Business

Mailing Address

1243 MAIN ST. STE 2
PO BOX 608
CHIPLEY FL 32428
US

1243 MAIN ST. STE 2
PO BOX 608
CHIPLEY FL 32428-0608
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

59-1711376

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

ZAFAR, MUHAMMAD I.
1243 MAIN ST, STE 2
CHIPLEY FL 32428

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

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
 NAME **A.B. MIR**
 STREET ADDRESS **498 N WILSON ST**
 CITY-ST-ZIP **CHIPLEY FL**

TITLE **President** ☒ Change ☐ Addition
 NAME **NASAR A CHAUDRY**
 STREET ADDRESS **327 Seneca Rd Hornell**
 CITY-ST-ZIP **N.Y. 14843**

TITLE **SD** ☐ Delete
 NAME **ZAFAR, MUHAMMAD I**
 STREET ADDRESS **1243 MAIN ST, STE 608**
 CITY-ST-ZIP **CHIPLEY FL**

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

TITLE **VD** ☐ Delete
 NAME **MUHAMMAD M. SIDDIGNI**
 STREET ADDRESS **12765 ROSELAND RD**
 CITY-ST-ZIP **SEBASTIAN FL**

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

TITLE **D** ☐ Delete
 NAME **T.HUSSAIN**
 STREET ADDRESS **P.O. BOX 6, NA**
 CITY-ST-ZIP **ROSELAND FL**

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

TITLE **D** ☐ Delete
 NAME **MUHAMMAD, AMIN**
 STREET ADDRESS **420 E. BIRD AVE.**
 CITY-ST-ZIP **BONIFAY FL**

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

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 617, 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 OF REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-2000
S.T. Muhammad ZAFAR **850-638-7623**

CR2E037 (9/99)