

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000321**

1. Entity Name

HAKEEM INVESTMENTS FLORIDA, LTD.

Principal Place of Business

Mailing Address

**1601 WEST REYNOLDS STREET, SUITE 201
PLANT CITY FL 33567**

**1601 WEST REYNOLDS STREET, SUITE 201
PLANT CITY FL 33567-4747**

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

☒ Applied For
☐ Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAKEEM, MOHAMMAD K M.D.

1601 WEST REYNOLDS STREET, SUITE 201

PLANT CITY FL 33567

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. Capital Contributions
as Shown on record.

\$4,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000019178**
NAME **HAKEEM KHAN, INC.**
STREET ADDRESS **1601 WEST REYNOLDS STREET, SUITE 201**
CITY-ST-ZIP **PLANT CITY FL 33567**

STREET ADDRESS

CITY-ST-ZIP

500003113395--4

-01/28/00--01022--005

******526.25 ****526.25**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/14/2000

Mohammad K. Hakeem (President)

FILED
00 JAN 24 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA