

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90220 041 ***150.00

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DOCUMENT # F35270

1. Entity Name
CHAMAN CORPORATION



Principal Place of Business
**1243 MAIN ST
STE 2 P.O. BOX 791
CHIPLEY FL 32428
US**

Mailing Address
**1234 MAIN ST
STE 2 P.O. BOX 791
CHIPLEY FL 32428
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2129007**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 STREET STE 2
P.O. BOX 791
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. 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	VD	<input type="checkbox"/> Delete
NAME	MUHAMMAD, IDREES MD	
STREET ADDRESS	112 SW BELLAIRE LANE	
CITY-ST-ZIP	PALMBAY, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZAFAR, MUHAMMAD I	
STREET ADDRESS	1243 MAIN STREET STE 2	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CARTER, ALICE	
STREET ADDRESS	1243 MAIN STREET, STE 2	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: CARTER, ALICE L 4-11-03 850.638.7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DST Date Daytime Phone #

CR2E034 (10/02)