

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 04, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # G95327****1. Entity Name**  
MUSSELMAN COMMERCE, INC.**Principal Place of Business**% MALIK SARDAR KHAN  
4281 S.W. 15TH ST.  
MIAMI  
33134

FL

**Mailing Address**% MALIK SARDAR KHAN  
4281 S.W. 15TH ST.  
MIAMI  
33134

FL

**2. Principal Place of Business**

527 E. 9TH ST.

**3. Mailing Address**

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

**City & State**

HIALEAH

FL

**City & State****Zip**

33010

**Country****Zip****Country****4. FEI Number****59-2388044****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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**7. Name and Address of New Registered Agent****Name**

KHAN MALIK SDR

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

4281 S.W. 15TH ST.

**City**

MIAMI

**FL****Zip Code**

331343805

**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 MALIK S. KHAN**

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

(NOTE: Registered Agent signature required when reinstating)

**01/04/2000**

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, 2000 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**

<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	KHAN, MARJORY B.	
<b>STREET ADDRESS</b>	4281 S.W. 15TH ST.	
<b>CITY-ST-ZIP</b>	MIAMI	FL

<b>TITLE</b>	PDT	<input type="checkbox"/> Delete
<b>NAME</b>	KHAN, MALIK SARDAR	
<b>STREET ADDRESS</b>	4281 S.W. 15TH ST.	
<b>CITY-ST-ZIP</b>	MIAMI	FL

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	KHAN MARJORY B		
<b>STREET ADDRESS</b>	4281 S.W. 15TH ST.		
<b>CITY-ST-ZIP</b>	MIAMI	FL	331343805

<b>TITLE</b>	PDT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	KHAN MALIK SDR.		
<b>STREET ADDRESS</b>	4281 S.W. 15TH ST.		
<b>CITY-ST-ZIP</b>	MIAMI	FL	331343805

<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:** Malik S. Khan

PDT 01/04/2000