

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87158

1. Entity Name

AL-MADAD CORP.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90017 019 ***150.00

Principal Place of Business

927 OLD FEDERAL HWY
HALLANDALE FL 33009
US

Mailing Address

927 OLD FEDERAL HWY
HALLANDALE FL 33009
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2613822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUKATI, MOHAMMAD SHARIF
310 NW 195TH AVE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

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. 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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUKATI, MOHAMMAD SHARIF	
STREET ADDRESS	310 NW 195 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUKATI, MOHAMMAD SHARIF	
STREET ADDRESS	310 NW 195 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MUKATI, RASHIDA	
STREET ADDRESS	310 NW 195 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MUKATI, RASHIDA	
STREET ADDRESS	310 NW 195 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-01 954.454.1433

CR2E034 (10/00)

0087889