

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90555 013 \*\*\*150.00

**DOCUMENT # H87158**

1. Entity Name  
**AL-MADAD CORP.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2613822**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



## 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. 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

TITLE **PD** ☐ Delete  
NAME **MUKATI, MOHAMMAD SHARIF**  
STREET ADDRESS **310 NW 195 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **SD** ☐ Delete  
NAME **MUKATI, MOHAMMAD SHARIF**  
STREET ADDRESS **310 NW 195 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **TD** ☐ Delete  
NAME **MUKATI, RASHIDA**  
STREET ADDRESS **310 NW 195 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **VP** ☐ Delete  
NAME **MUKATI, RASHIDA**  
STREET ADDRESS **310 NW 195 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03

Date

954-454-1433

Daytime Phone #

CR2E034 (10/02)