

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99535

1. Entity Name

SHANTCO EMPIRE, CORP.

Principal Place of Business

Mailing Address

42 NW 27TH AVE
SUITE 309
MIAMI FL 33125
US

42 NW 27TH AVE
SUITE 309
MIAMI FL 33125
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

65-0243252

Applied For

Not Applicable

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

SHANTIAI, HAMID
42 NW 27TH AVE
SUITE 309
MIAMI FL 33125

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 ☐ Delete
NAME SHANTIAI HAMID
STREET ADDRESS 42 NW 27TH AVE, SUITE 309
CITY-ST-ZIP MIAMI FL 33125

TITLE S ☐ Delete
NAME RAHMANPARAST, MAHMOOD
STREET ADDRESS 42 NW 27TH AVE, SUITE 309
CITY-ST-ZIP MIAMI FL 33125

TITLE V ☐ Delete
NAME AFSAR, ELAHI
STREET ADDRESS 42 NW 27TH AVE, SUITE 309
CITY-ST-ZIP MIAMI FL 33125

TITLE V ☐ Delete
NAME HAJJAR, MOHAMMAD
STREET ADDRESS 42 NW 27TH AVE, SUITE 309
CITY-ST-ZIP MIAMI FL 33125

TITLE T ☐ Delete
NAME HENDI, AHMAD
STREET ADDRESS 42 NW 27TH AVE, SUITE 309
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I/we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

305-541-6959

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90367 006 ***150.00

769295



DO NOT WRITE IN THIS SPACE

010336

CR2E034 (10/00)

Attachment

Doc. # L99535
769295

May 16, 2001

Department of State

RE: UBR #L99535

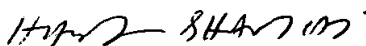
Dear Sir:

In reference to the above form and payment, when I received my Bank Statement I noticed that your check was not cashed. Then I found out that my new assistant never mailed the form and the payment.

I am very sorry for this late payment, if you look at our past history you will see that I have never been late in the past ever. Please accept my apology for this late payment.

I thank you in advance for your understanding and cooperation.

Sincerely,



Hamid Shantiai
Shantco Empire Corp.