

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M18811

1. Entity Name

BHAMANI, FORD & ASSOCIATES, INC.

Principal Place of Business

4900 SW 74 CT  
MIAMI FL 33155

Mailing Address

4900 SW 74 CT  
MIAMI FL 33155

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 59-2577938

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

BHAMANI, FEROZ ALI  
11055 SW 70 TERR  
MIAMI FL 33155

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BHAMANI, FEROZ ALI	
STREET ADDRESS	11055 SW 70 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FORD, THOMAS H.	
STREET ADDRESS	7421 S.W. 138TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAXWELL, THOMAS H	
STREET ADDRESS	121-NW-39 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	Y	<input type="checkbox"/> Delete
NAME	BHAMANI, ZAINUL	
STREET ADDRESS	11055 SW 70 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BHAMANI, FAZAL	
STREET ADDRESS	11055 SW 70 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAMANI, FEROZ	
STREET ADDRESS	14841 SW 42 TERR	
CITY-ST-ZIP	MIAMI, FL. 33185	
TITLE	Sec.	<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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAMANI, ZAINUL	
STREET ADDRESS	14841 SW 42 TERR	
CITY-ST-ZIP	MIAMI, FL. 33185	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAMANI, FAZAL	
STREET ADDRESS	14841 SW 42 TERR	
CITY-ST-ZIP	MIAMI, FL. 33185	
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 #

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90199 048 \*\*\*150.00

763703



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)