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## **2001 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE:

## Mar 12, 2001 8:00 am DOCUMENT # M65122 **Secretary of State** 1. Entity Name ASHAL, INC. 03-12-2001 90437 020 \*\*\*150.00 Principal Place of Business Mailing Address 5796 NW 4XH C/O SHAFI MAJID GRILL'S MARKET 2066 NE. 2ND STREET DEERFIELD FL 33441 929382 DECRFIELD SEACH FL 33441 2. Principal Place of Business 3. Mailing Address NW 48th DR. 5796 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0041883 CORAL SPRINGS, FL. Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired BROWALD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAJID SHAFI MAJID, SHAFI Street Address (P.O. Box Number is Not Acceptable) 2066 NE-2ND-STREET DEERFIELD-BEACH-FL-93441-5796 NW 48th DR. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE NAME NAME MAJID, AFZAL 5796 NW 4XK DR. STREET ADDRESS STREET ADDRESS 2086-N.E.-2ND STREET CORAL SPRINGS, FL. 33067 CITY-ST-ZIP CITY-ST-ZIP DEEREIECD BCH: FL Delete TITLE TITLE NAME NAME MAJID, SHAFI STREET ADDRESS STREET ADDRESS 2066 N.E. 2ND STREET ORAL SPRINGS, FL - 33067 CITY-ST-ZIP CITY-ST-ZIP DEERRIELD BCH. PC TITLE Delete ... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 employeed 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 adaptees, with all other the employered.