FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90105 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70091

1. Entity Name
ALY HASSAN SHAH INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 NW 17TH ST

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33136

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0041044

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOHN MILITANA

Street Address (P.O. Box Number is Not Acceptable)
8801 BISCAYNE BLVD #101

City
MIAMI

FL

Zip Code
33138

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	V
NAME	JUNAID AKBAR
STREET ADDRESS	1341 SW 104 AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	PD
NAME	MASOOD MANZER
STREET ADDRESS	9360 FONTAINBLEU BLVD 405
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	JUNAID FAUZIA
STREET ADDRESS	1341 SW 104 AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	S
NAME	SIDDIQUI SULEMAN
STREET ADDRESS	9360 FONTAINBLEU BLVD
CITY-ST-ZIP	MIAMI FL 33172
TITLE	S
NAME	ASHAR NIGHAT
STREET ADDRESS	845 E 49 ST
CITY-ST-ZIP	HIALEAH FL 33013
TITLE	T
NAME	KHAN ABBAS
STREET ADDRESS	845 E 49TH ST
CITY-ST-ZIP	HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 04-23-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)