

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90052 009 ***150.00

DOCUMENT #

M95957

1. Entity Name

Chaudhry, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

287 West 15th ST.

Suite, Apt. #, etc.

3. Mailing Address

287 West 15th ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

Zip
32401

Country

US

City & State

Panama City, FL

Zip
32401

Country

4. FEI Number

59-2903787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Chaudhry, Mughis A.

Street Address (P.O. Box Number is Not Acceptable)

287 West 15th ST.

City

Panama City

FL

Zip Code

32401

**DO NOT WRITE
IN THIS SPACE**

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 Mughis A. Chaudhry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	NAME	STREET ADDRESS	CITY - ST - ZIP
	Chaudhry, Mughis A	287 West 15 th ST.	Panama City, FL 32401
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Chaudhry, Mohammed A.	287 West 15 th ST.	Panama City, FL 32401
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**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)(b), 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: Mughis A. Chaudhry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 (407) 682-5672