2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90333 006 ***150.00

0489621

DOCUMENT # P00000003523

1. Entity Name
ELECTRONIC FILERS INC.

Principal Place of Business
P.O. BOX 171203
HIALEAH FL 33017-1203

Mailing Address
P.O. BOX 171203
HIALEAH FL 33017-1203

000010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: P.O. Box 171203
Suite, Apt. #, etc.
City & State: HIALEAH FL
Zip: 33017 Country: USA

3. Mailing Address: P.O. Box 171203
Suite, Apt. #, etc.
City & State: HIALEAH FL
Zip: 33017 Country: USA

4. FEI Number: 65-0978750 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MOHAMMED, WAZIFA
6950 N.W. 186TH ST. #2-305
MIAMI FL 33015

7. Name and Address of New Registered Agent
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: WAZIFA MOHAMMED / President 4/20/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PRESIDENT = P WAZIFA MOHAMMED 6950 NW 186 ST 2-305 MIAMI FL 33015	☐ Change ☒ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E034 (10/00)

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: Wazifa Mohammed / WAZIFA MOHAMMED 4/20/01 305-825-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #