

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
04-30-2001 90023 010 \*\*\*150.00

0111635

**DOCUMENT # P00000015050**

1. Entity Name

**DOUBLE F ENTERPRISES, INC.**

Principal Place of Business

**7461 PIERCE STREET  
HOLLYWOOD FL 33024-7161**

Mailing Address

**7461 PIERCE STREET  
HOLLYWOOD FL 33024-7161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0983516**

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

**COVE, ANDREW N ESQ.  
3801 HOLLYWOOD BLVD., #100  
HOLLYWOOD FL 33021**

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	PD	<input type="checkbox"/> Delete
NAME	MOHAMMED, FARZAN	
STREET ADDRESS	7461 PIERCE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024-7161	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SAHADAT, FAREDA	
STREET ADDRESS	7461 PIERCE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024-7161	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOHAMMED, CARLON K	
STREET ADDRESS	3333 WEST DAVIE BLVD., APT. 307 C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MOHAMMED, FELISHA	
STREET ADDRESS	3333 WEST DAVIE BLVD., APT. 307 C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED, FAREDA	
STREET ADDRESS	7461 PIERCE STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33024-7161	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLON K. MOHAMMED	
STREET ADDRESS	2261 SW 42nd WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33317-6623	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED, FELISHA	
STREET ADDRESS	2261 SW 42nd WAY	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33317-6623	

TITLE		<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		

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

**FARZAN MOHAMMED**

Date

**4/18/2001**

Daytime Phone #

**954 989 7444**

CR2E034 (10/00)