

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90110 019 \*\*\*150.00

**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**  
**2186 NW 75th Way**

**3. Mailing Address**  
**PO Box 840437**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**PEMBROKE PINES, FL**

**City & State**  
**PEMBROKE PINES, FL**

**Zip**  
**33024**

**Country**  
**U.S.A.**

**Zip**  
**33084**

**Country**  
**USA**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/20/03*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**MOHAMMED, FARZAN**  
**7461 PIERCE STREET**  
**HOLLYWOOD FL 33024-7161**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD**  
**MOHAMMED, FARZAN**  
**2186 NW 75th Way**  
**PEMBROKE PINES, FL 33024**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**MOHAMMED, FAREDA**  
**7461 PIERCE STREET**  
**HOLLYWOOD FL 33024-7161**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**MOHAMMED, FAREDA**  
**2186 NW 75th Way**  
**PEMBROKE PINES, FL 33024**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VPD**  
**MOHAMMED, CARLON K**  
**2261 SW 42ND WAY**  
**FORT LAUDERDALE FL 33317-6623**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**SD**  
**MOHAMMED, FELISHA**  
**2261 SW 42ND WAY**  
**FORT LAUDERDALE FL 33317-6623**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]* **MOHAMMED, FARZAN** *1/20/03* **9549897494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)