

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 039 ***150.00

DOCUMENT # P00000020737 ✓

1. Entity Name

Dixie United INC

Principal Place of Business

Mailing Address

4469 S. Congress Ave # 112
 Lake Worth, FL 33461

C0060312

2. Principal Place of Business

3. Mailing Address

Same as above 4469 S. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

City & State

City & State

Lake Worth, FL

4. FEI Number

65-0988227

Applied For

Not Applicable

Zip

Country

Zip

Country

33461

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARON SULAIMAN
 6310 Forest Hill Blvd
 West Palm Bch, FL 33415

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.

HARON SULAIMAN, President

DATE

4/22/01

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: President
 NAME: HARON SULAIMAN
 STREET ADDRESS: 6310 Forest Hill Blvd
 CITY-ST-ZIP: West Palm Bch, FL 33415

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Vice-President
 NAME: KAZI AHMED
 STREET ADDRESS: 7549 Brunson Cir
 CITY-ST-ZIP: Lake Worth, FL 33467

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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:

HARON SULAIMAN, President

4/22/01 (561) 963-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)