

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90031 009 ***150.00

DOCUMENT # P00000020737

1. Entity Name

DIXIE UNITED INC.

Principal Place of Business

**4469 SO. CONGRESS AVE
 #112
 LAKE WORTH FL 33461**

Mailing Address

**4469 SO. CONGRESS AVE
 #112
 LAKE WORTH FL 33461**

2. Principal Place of Business

430 S. DIXIE HWY

3. Mailing Address

430 S. DIXIE HWY

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.
A

City & State

LAKE WORTH

City & State

LAKE WORTH, FL

Zip

Country

FL 33460

Zip

Country

33460 Palm Beach

6. Name and Address of Current Registered Agent

**SULAIMAN, HAROON
 6310 FORREST HILL BLVD
 WEST PALM BEACH FL 33415**

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

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, 2002 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	P SULAIMAN, HAROON 6310 FORREST HILL BLVD WEST PALM BEACH FL 33415	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHMED, KAZI 7549 BRUNSON LN LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED
SULAIMAN, HAROON
1/16/02
561 584-5547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)