

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
05-11-2001 90112 033 \*\*\*150.00

DOCUMENT # P00000031184

1. Entity Name

TEKNIK SHIPMENT DYNAMICS, INC.

Principal Place of Business

452 WATERFORD WAY  
KISSIMMEE FL 34746

Mailing Address

452 WATERFORD WAY  
KISSIMMEE FL 34746

2. Principal Place of Business

431 WATERFORD WAY

Suite, Apt. #, etc.

3. Mailing Address

431 WATERFORD WAY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59366 33 85

Applied For

Not Applicable

Zip

34746

Country

Zip

34746

Country

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

ANSARI, HASSAN Z  
452 WATERFORD WAY  
KISSIMMEE FL 34746

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 ☐ Delete  
NAME D  
STREET ADDRESS HASSAN, SAEED U  
CITY-ST-ZIP 1915 ELLERY LANE  
KISSIMMEE FL 34746

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS QURESHI, JAVED  
CITY-ST-ZIP 1915 ELLERY LANE  
KISSIMMEE FL 34746

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BEGUM, KHURSHIDA  
CITY-ST-ZIP 1915 ELLERY LANE  
KISSIMMEE FL 34746

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SIDDIQ, SHEIKH  
CITY-ST-ZIP 1915 ELLERY LANE  
KISSIMMEE FL 34746

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SADIQ, SHEIKH M  
CITY-ST-ZIP 1915 ELLERY LANE  
KISSIMMEE FL 34746

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AHMED, MOHAMMAD S  
CITY-ST-ZIP 1915 ELLERY LANE  
KISSIMMEE FL 34746

TITLE ☐ Change ☐ 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

SAEED UL HASSAN

04-23-01

Date

(407) 301-3757

Daytime Phone #

CR2E034 (10/00)