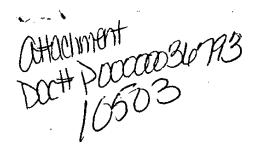
2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED Jul 31, 2001 8:00 am			
DOCUMENT # P0000036793 1. Entity Name ELAHI CORPORATION					Secretary of State 07-17-2001 90093 029 ***150.00			
Principal Place of Business 501 COMMONWEALTH AVE POLK CITY FL 33868 Mailing Address 501 COMMONWEALTH AVE POLK CITY FL 33868			<u></u>		T JOSHOO HA DOMONIA ONA COMO TRADO		10 10 P 1/10 B 10 P	
2. Principal Place of Business		3. Mailing Address					12173 HIN 1301	
Suite, Apt. #, etc. S		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	4. FEI Number 59 - 363 151 4 Applied For Not Applicable			
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	S8.75 Ad Fee Require		
	-6,-Name and Address of Current F	egistered Agent.	Name		lame and Address of New Reg	istered Agent		
AHMAD, MAIN * 501 COMMONWEALTH AVE POLK CITY FL 33568				dress (P.O. Box Number is Not Acceptable)				
			City	City		FL Zip Code		
SIGNATURE	named entity submits this statement for) 	registered office or regis			DATE		
Tax filing requirement and elects to do so. After Se		After September 12,	FILE NOW!!! FEE IS \$550.00 September 12, 2001 Fee will be \$750.00 Check Payable to Department of State		Election Campaign Finan Trust Fund Contribution.	□ Adde	DO May Be d to Fees	
11.	OFFICERS AND C	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAFAR _MILK 10215 - MAR ROC HAGERS TOWN	ND 21740	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAN AHMAD 144-HONEY BEE POLK CITY F	LN DIRECTO	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS.		□ Delete	TITLE NAME			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	. /	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	**		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the cor	certify that the information supplied with t on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report a	the exemption stated in ry signature shall have t as required by Chapter	Section 1 ne same l 607, Florid	i 19.07(3)(i), Florida Statutes. I fu legal effect as if made under oat da Statutes; and that my name a	rther certify that the h; that I am an office ppears in Block 11 o	information r or director or Block 12 if	

7/10/02



ELAHI CORPORATION 501 COMMONWEALTH AVENUE POLK CITY, FL 33868

July 11, 2001

Fl. Dept. of State
Division of Corporation, Uniform Business Report Filings
P:O:Box-1500
Tallahassee, Fl 32302-1500

Dear Sir/Madam:

Please be advised that the review of our records indicate that we were not in receipt of the annual corporate renewal form from your office. Upon discussion with your office, and with there suggestion, we enclose the copy of the form 2001 Uniform Business Report with the check in the amount of \$\, 150.00\$.

Kindly accept our report and waive any penalties associated with such filing. Your appermost attention to this matter is appreciated.

Sincerely,

Mian Ahmad, President

Attachment

10503

H P8000036793

Dear Sir,

Please be advised that the corrections have been made to Uniform Business Report and I am enclosing a copy of the corrected report.

Thank you

Mr. Mian Ahmed Elahi Corporation

501 Commonwealth Ave.

Polk City, FL 33868