

2001 UNIFORM BUSINESS REPORT (UBR)

0083481 AV

DOCUMENT # P00000045671

1. Entity Name

A H F F, INC.

FILED

01 DEC 21 AM 8:57

Principal Place of Business

9636 TAVERNIER DR.
BOCA RATON FL 33496

Mailing Address

9636 TAVERNIER DR.
BOCA RATON FL 33496

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

SWEENEY'S CAFE

3. Mailing Address

Suite, Apt. #, etc.

5040 N. FED. HWY

Suite, Apt. #, etc.

LIGHT HOUSE POINT

City & State

Zip

33063

Country

BROWARD

Zip

Country

REINSTATEMENT

4. FEI Number

65-1003499

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREIS, DOUGLAS R ESQ.
4209 N. FEDERAL HWY.
POMPANO BCH FL 33064

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Key Oland

11/6/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PS
NAME AHMAD, KAZI P
STREET ADDRESS 9636 TAVERNIER DR.
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE V
NAME AHMAD, FARIDA
STREET ADDRESS 9636 TAVERNIER DR.
CITY-ST-ZIP BOCA RATON FL 33496 ☐ 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
400004785604-2
-01/10/02--01073-019
***750.00 ***750.00

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/01

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CP2E034 (5/01)