

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 049 ***150.00

DOCUMENT # **P000000045671**

1. Entity Name
AHFF, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5040 N RED JYH

3. Mailing Address

Suite, Apt. #, etc.
10 LIGHT HOUSE PT

Suite, Apt. #, etc.

City & State

FLA

City & State

Zip

33064

Country

U.S.A

Zip

Country

4. FEI Number

65-1003499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

94051802

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HARVEY FELDMAN

Street Address (P.O. Box Number is Not Acceptable)

9789 W SAMPLE ROAD

CORAL SPRINGS

City

FLA

33065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
KAZI AHMAD
5040 N. RED JYH
LIGHT HOUSE PT FLA 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-04 954 4073563

CR2E034B (12/02)