

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

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90692 011 ***150.00

DOCUMENT # *P00000057362*

1. Entity Name

786 Corp. of Lake worth Inc
Lake worth, FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1602 N. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

1602 N. DIXIE HWY

Suite, Apt. #, etc.

869035
DO NOT WRITE IN THIS SPACE

City & State
LAKEWORTH FLORIDA

City & State
LAKEWORTH FLORIDA

4. FEI Number

65-1014385

Applied For

☒ Not Applicable

Zip

33460

Country

FLORIDA

Zip

33460

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MOHAMMED ISMAIL

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

1602 N. DIXIE HWY

City

LAKEWORTH

FL

Zip Code

33460

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

MOHAMMED ISMAIL

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*PRESIDENT
MOHAMMED ISMAIL
1602 N. DIXIE HWY
LAKEWORTH FL 33460*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE-PRESIDENT
MOHAMMAD U. MOSSAIN
1602 N. DIXIE HWY
LAKEWORTH FL 33460*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*TREASURER
SHABNAM M. BHUIYAN
1602 N. DIXIE HWY
LAKEWORTH FL 33460*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *MOHAMMED ISMAIL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMED ISMAIL

4.15.02

Date

561-582-4450

Daytime Phone #

CR2E034B (12/01)