

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90055 027 \*\*\*150.00

03100005 AV

**DOCUMENT # P00000062111****1. Entity Name**  
**FAMILY AND FAITH INC.****Principal Place of Business****777 NE 62 STREET #C214**  
**MIAMI FL 33138****Mailing Address****777 NE 62 STREET #C214**  
**MIAMI FL 33138****2. Principal Place of Business****1405 NW 29 STREET****3. Mailing Address****1405 NW 29 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State****MIAMI, FL****City & State****MIAMI, FL****4. FEI Number****65-1036197**

Applied For

Not Applicable

**Zip****33142****Country****U.S.A****Zip****33142****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****ISLAM, MD TARIQUL****777 NE 62 STREET #C214**  
**MIAMI FL 33138**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>P</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CHAKLADER, ABDUL</b>								
	<b>777 NE 62 STREET #C214</b>								
	<b>MIAMI FL 33138</b>								
	<b>V</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>HUQ, NASREEN</b>								
	<b>1660 S CURLEW LANE</b>								
	<b>HOMESTEAD FL 33035</b>								
	<b>S</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>ISLAM, MD TARIQUL</b>								
	<b>777 NE 62 STREET #C214</b>								
	<b>MIAMI FL 33138</b>								
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:** Abdul Salam Chaklader **ABDUL SALAM CHAKLADER** 1/3/2002 305-6351791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)