

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065689

1. Entity Name

MAM OF VOLUSIA COUNTY, INC.

Principal Place of Business

Mailing Address

315 WEST PENNSYLVANIA AVE.
DELAND, FL 32720

P.O. Box 9791
DAYTONA BEACH,
FL 32120

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90011 049 ***150.00

C0072451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFL Number

59-3655469

Applied For

Not Applicable

Zip

Country

Zip

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

Name

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

City

FL

Zip Code

~~AMIR QADIR~~
315 W. PENNSYLVANIA AVE.
DELAND, FL 32720.

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS QADIR, AMIR
CITY-ST-ZIP 315 W. PENNSYLVANIA AVE.
DELAND, FL 32720.

TITLE ☐ Delete
NAME D
STREET ADDRESS AZAM, MOHAMMED M.
CITY-ST-ZIP 315 W. PENNSYLVANIA AVE
DELAND, FL 32720

TITLE ☒ Delete
NAME D
STREET ADDRESS COPELAND, LEROY V.
CITY-ST-ZIP 315 W. PENNSYLVANIA AVE
DELAND, FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

Date

Daytime Phone #

CR2E034 (11/00)

Attachment Doc # P 00000065689

C.0078451
MAM OF VOLUSIA COUNTY, INC.
P.O. BOX 9791
DAYTONA BEACH, FL 32120
(407) 575 0600

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Document # P00000065689

To Whom It May Concern,

Enclosed is our 2001 Uniform Business Report and a check for \$150.00

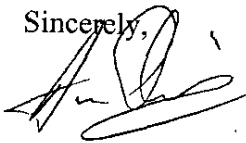
We have no record of having received this report earlier this year. We are new in business and were unaware, (until we spoke to an accountant) that we needed to file this report annually.

We are finding it very difficult to meet our monthly obligations and have considered closing the business.

We therefore, respectfully request that you do not impose the \$400 late filing fee.

Thank you for your assistance in this matter.

Sincerely,



Amir Qadir, President.