

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90118 018 ***150.00

DOCUMENT # P00000067477

1. Entity Name

ARK MERCHANTS INC.



Principal Place of Business

15041 SW 89 TERRACE ROAD

MIAMI FL 33196-1306

13337 SW 135 AVE

MIAMI FL 33186

Mailing Address

15041 SW 89 TERRACE ROAD 13337 SW

MIAMI FL 33196-1306

135 AVE

MIAMI FL 33186

2. Principal Place of Business

13337 SW 135 AVE

3. Mailing Address

13337 SW 135 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-1026254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KHAN, AHMED R

15041 SW 89 TERRACE ROAD

MIAMI FL 33196-1306

13337 SW, 135 AVE

MIAMI, FL 33186

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

SIGNATURE

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

AHMED R. KHAN

(NOTE: Registered Agent signature required when reinstating)

1/18/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **D KHAN, AHMED R**
STREET ADDRESS **15041 SW 89 TERRACE ROAD**
CITY-ST-ZIP **MIAMI FL 33196-1306**
13337 SW 135 AVE
MIAMI FL 33186

TITLE ☐ Delete
NAME **D RAZA, IFFAT**
STREET ADDRESS **15041 SW 89 TERRACE ROAD**
CITY-ST-ZIP **MIAMI FL 33196-1306**
13337 SW 135 AVE
MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **13337 SW 135 AVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **13337 SW 135 AVE**
CITY-ST-ZIP **MIAMI FL 33186**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED R KHAN

1/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)