

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

09-17-2002 90108 002 *****8.75

FILED 09-17-2002 90108 001 *****61.25

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DOCUMENT # P000 000 86836

1. Entity Name

B K LOWE INC.

02 SEP 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2887 S. University Dr.

Suite, Apt. #, etc.

3. Mailing Address

2887 S. University Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie, Florida

City & State

Davie, Florida

4. FEI Number

65-1047089

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Asif Ghaffar

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

2887 S. University Drive

City

Davie

FL

Zip Code

33328

**DO NOT WRITE
IN THIS SPACE**

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 Asif Ghaffar

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

(NOTE: Registered Agent signature required when reinstating).

9-11-02

DATE

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/Director
Asif Ghaffar
2887 S. University Drive
Davie, Florida 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: Asif Ghaffar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-02

DATE

(954) 599-3331

DAYTIME PHONE #

CR2E034B (12/01)