

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095607

1. Entity Name

MAKHDOOM CORPORATION

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90001 023 \*\*\*150.00

Principal Place of Business

18350 NW 47TH AVE.  
MIAMI FL 33055

Mailing Address

~~18350 NW 47TH AVE.~~  
~~MIAMI FL 33055~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6602 SW 61TH

Suite, Apt. #, etc.

City & State

South Miami

Zip

Country

Zip

Country

33143-8109

MIAMI-DADE

4. FEI Number

65-1051291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~LYLEN, IAN J~~  
~~1926 BRICKELL AVE., SUITE D-207~~  
~~MIAMI FL 33149~~

7. Name and Address of New Registered Agent

Name  
FRASAT FAROOQ, CPA

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

6602 SW 61TH

City

SOUTH MIAMI

FL

Zip Code  
33143

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

*Prasat Farooq* PRASAT FAROOQ

1-16-01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AHMED, SAMI  
18350 NW 47TH AVE.  
MIAMI FL 33055 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sami Ahmed* SAMI AHMED - DIRECTOR

1-16-01

Date

(305) 825-8087

Daytime Phone #

CR2E034 (10/00)