

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90143 024 ***150.00

DOCUMENT # P00000095607

1. Entity Name
MAKHDOOM CORPORATION



Principal Place of Business
**18350 NW 47TH AVE.
MIAMI FL 33055
US**

Mailing Address
**6602 SW 61ST TERRACE
SOUTH MIAMI FL 33143-8109
US**



2. Principal Place of Business
1280 W - 54th Street,

3. Mailing Address
1280 W - 54th Street,

Suite, Apt. #, etc.
APT # B 301

Suite, Apt. #, etc.
APT # B 301

☐ CHECK HERE IF MAKING CHANGES

City & State
HALEAH FLORIDA

City & State
HALEAH FLORIDA

4. FEI Number
65-1051291

Applied For
☐ Not Applicable

Zip
33012

Country
US

Zip
33012

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AHMED, SAMI
18350 NW 47TH AVE.
MIAMI FL 33055**

7. Name and Address of New Registered Agent
Name
AHMED, SAMI
Street Address (P.O. Box Number is Not Acceptable)
1280 W - 54th Street,
APT # B-301
City
HALEAH FL Zip Code
33012

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)* **(SAMI AHMED, DIRECTOR)** **02-20-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, SAMI		NAME	AHMED, SAMI	
STREET ADDRESS	18350 NW 47TH AVE.		STREET ADDRESS	1280 W - 54th STREET, APT # B301	
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP	HALEAH - FL - 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)* **(SAMI AHMED, DIRECTOR)** **02-20-2003 - 305 456 7080**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)