

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

Apr 16, 2001 8:00 am
Secretary of State

03-26-2001 90015 016 ***150.00

DOCUMENT # P00000097498

1. Entity Name

H. QUADER ENTERPRISES, INC.

Principal Place of Business

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1115 Emory Ave
Suite, Apt. #, etc.

3. Mailing Address

1115 Emory Ave
Suite, Apt. #, etc.

City & State

Kissimmee, FL
Zip 34741 Country USA

City & State

Kissimmee, FL
Zip 34741 Country USA

4. FEI Number

59-3676451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTBERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Mohammad J Uddin
Street Address (P.O. Box Number is Not Acceptable)
1115 Emory Ave

City Kissimmee FL Zip Code 34741

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 resigning)

2/20/01
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 PTD
NAME SHAMIN, MOHAMMED
STREET ADDRESS 118 WEST ORANGE STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☒ Delete

TITLE SVD
NAME UDDIN, MOHAMMAD J
STREET ADDRESS 118 WEST ORANGE STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
NAME
STREET ADDRESS 1115 Emory Ave
CITY-ST-ZIP Kissimmee, FL 34741

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

2/20/01
Date

Daytime Phone #

CR2E034 (10/00)