

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90026 020 ***150.00

DOCUMENT # P 0000011294

1. Entity Name
 786 BLESS INC



Principal Place of Business

Mailing Address

36109 E LAKE RD

36109 E LAKE RD

PALM HARBOR FL-34685

PALM HARBOR

FL-34685

2. Principal Place of Business

3. Mailing Address

36109 E LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM HARBOR FL

4. FEI Number

59-3685374

Applied For

Not Applicable

Zip

Country

Zip

Country

34685

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00018131

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMIRUDDIN GILLANI

36109 E LAKE RD

PALM HARBOR FL-34685

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.

SIGNATURE

[Signature]

02-06-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME TAIMOOR GILLANI
 STREET ADDRESS 36109 E LAKE RD
 CITY-ST-ZIP PALM HARBOR FL-34685

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
 NAME TAQI M GILLANI
 STREET ADDRESS 36109 E LAKE RD
 CITY-ST-ZIP PALM HARBOR FL-34685

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
 NAME AMIRUDDIN GILLANI
 STREET ADDRESS 36109 E LAKE RD
 CITY-ST-ZIP PALM HARBOR FL-34685

☐ Delete

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-01

Date

727.527.8333

Daytime Phone #

CR2E034 (11/00)