

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90197 007 ***150.00

0136920 AV

DOCUMENT # P01000000450

1. Entity Name

COMMERCIAL DOLLAR INC.

Principal Place of Business

**5407 NW 163RD STREET
 MIAMI FL 33014**

Mailing Address

**5407 NW 163RD STREET
 MIAMI FL 33014**

2. Principal Place of Business

3100 W Commercial BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarae FLORIDA

City & State

Zip

Zip

Country

USA

Country

4. FEI Number

65-1065029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent:

**Saleem S. Shivji
 3100 W Commercial BLVD.
 Tamarae FL 33309**

7. Name and Address of New Registered Agent

**Commercial DOLLAR
 Street Address (P.O. Box Number is Not Acceptable)
 3100 W Commercial BLVD
 City Tamarae FL Zip Code 33309**

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 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, 2002 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

PD ☐ Delete
Saleem S. Shivji
3100 Commercial BLVD.
Tamarae FL 33309

MD ☐ Delete
Mehboob LAKHANI
3100 Commercial BLVD.
Tamarae FL 33309

S ☐ Delete
NIZAR RATTANI
3100 Commercial BLVD
Tamarae FL 33309

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

Date

Daytime Phone #

CR2E034 (9/01)