

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91609 031 ***150.00

DOCUMENT # P01000001831

1. Entity Name

DAWN PUBLICATION INC.

Principal Place of Business

**10300 SW 72ND STREET SUITE 300
 MIAMI FL 33173**

Mailing Address

**10300 SW 72ND STREET SUITE 300
 MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

DAWN Publication

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box - 833455

City & State

City & State

MIAMI FLA

Zip

Country

Zip

Country

33173

USA

4. FEI Number

65-0733-155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHMED, MUBARIK

10300 SW 72ND STREET SUITE 300

MIAMI FL 33173

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

Mubarik President

04/29/02

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PD
 AHMED, MUBARIK
 10300 SW 72ND STREET SUITE 300
 MIAMI FL 33173**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**President
 MUBARIK AHMED
 P.O. Box - 833455 MIAMI
 FLA - 33173**

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CR2E034 (9/01)

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:

Mubarik President

04/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #