

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90070 037 ***150.00

DOCUMENT # *P01000026824*
1. Entity Name

CHALLFFERS PLLS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
906 WEST MICHIGAN ST
Suite, Apt. #, etc.

3. Mailing Address
5542 METRO WEST BLVD
Suite, Apt. #, etc.
102

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FLORIDA
Zip
32805 Country
USA

City & State
ORLANDO FLORIDA
Zip
32811 Country
USA

4. FEI Number
59-3705410
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & ULTERA P.A.

Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVE

City
CORAL GABLES FL Zip Code
33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
RASHID MATEED RAJA
906 WEST MICHIGAN ST ORLANDO
FL 32805

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
SAMEERA HAMID
906 WEST MICHIGAN ST ORLANDO
FL 32805

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
MOHAMMED IRFAN
919 S. KIRKMAN ROAD 228 ORLANDO
FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
ABDUL RASHEED RAJA
5542 METRO WEST BLVD 102
ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *MOHAMMED IRFAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 *407-468-0220*
Date Daytime Phone #

CR2E034B (12/01)