2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Jan 23, 2002 8:00 am				
DOCUMENT # P0100030063					Secretary of State					
1. Entity Name)		•			
DELIVER	IT FAST, INC.					01-23-2002 90	018 040 **	`*150.C	JO	
Principal Plac	e of Business	Mailing Address								
8010 SUNPORT DR. STE 123 8010 SUNPORT DR. STE ORLANDO FL 32809 ORLANDO FL 32809			23							
2. Principal Place of Business 762 HADDONSTONE CIR 762 HADDONS			TANE (1	,	((50))		BURN BURN 11811 1	Talli Edito	814 88 1441 4881	
Suite, Apt.	#, etc.	762 HADDONSTONE CIR Suite, Apt. #, etc.			•	DO NOT WRITE	IN THIS SPAC	Œ		
# 202 City, & State		# 202 City & State			4. FEI Numbe			ТПАр	plied For	
HEA	THROW FL	HEATHROW	FL			3718662		No	t Applicable	
327L	Tb_ Country	Zip 32746	Country US A		5. Certificate	of Status Desired		75 Add Required		
6. Name and Address of Current Registered Agent Name . /						Address of New Reg		ıt		
CORPORATE ACCESS, INC.				HUSSEINALI 5. YUSUFALI Street Address (P.O. Box Number is Not Acceptable)						
236 E 6 AVE TALLAHASSEE FL 32303				HA	DDONS	TONE CIR	#202	<u>2</u>		
WED II INDUCE I E DEGOD				EATH	RAIN		FL	Zip Code	dur	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	d agent, or bot	th, in the State of Flori		_ <u></u>	,,,,	
SIGNATURE .	Signature, typed or printed name of registered agent ar	MAL/ S. YUS WF And title if applicable. (NOTE:	92 / Registered Agent signat	w beriuper eru	then reinstating)	14.	N 10th	200	<u>-/_</u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. i (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 St.		550.00	Tri	ection Campaign Finar ast Fund Contribution.	ncing		May Be to Fees	
11	OFFICERS AND C		12.			CHANGES TO OFFIC				
TITLÉ NAME	D Rajabali, Hassanain	Delete	TITLE NAME	P/T/S/	EINALL	S. YUSUFA	LI	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	11 KNOLLTOP RD ELMSFORD NY 10523		STREET ADDRESS CITY~ST-ZIP	762	HADDO	NSTONE CH FL 32746	e#202		. <u>.</u>	
TITLE NAME	D THOMESH THEOGRAPHIC	☐ Delete	TITLE NAME			•		Change	☐ Addition	
STREET ADDRESS	TUSUFALI, HUSSEINALI S 762 HADDONSTONE CIR, UNIT 2	02	STREET ADDRESS							
CITY-ST-ZIP.	-HEATHROW-FL 32746		CITY-ST-ZIP	ļ		<u>-</u>		05	- Addition	
TITLE NAME	D Habib, Nusrat Abbas	Delete	TITLE NAME				Ц	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	31 BRIDLEPATH ST, RICHMONDH	ILL	STREET ADDRESS CITY-ST-ZIP	ļ						
TITLE	ONTARIO CANADA L4S 1V7 FL	Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			Change		
NAME			NAME					-	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE	,	☐ Delete	TITLE	-				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
13. I hereby o	ertify that the information supplied with t		he exemption star							
indicated of the cor	on this report or supplemental report is t poration or the receiver or trustee empov or on an attachment with an apolyess, wi	rue and accurate and that my vered to execute this report a	z signature shall h	ave the sa	me legal effec	t as if made under oat	th∘that Lamiai	n officer o	or director	

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR