

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 013 ***150.00

DOCUMENT # **PD10000066038**

1. Entity Name

ALI HUSSAIN INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1616 N. Dale Mabry Hwy

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LTZ, FL

City & State

Zip **33549**

Country

Hillsborough

Zip

Country

4. FEI Number

59-3728650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0056888

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AMIR ALI LALANI

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

1616 N. DALE MABRY

City

LTZ

FL

Zip Code

33549

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

03-20-02

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 **PD**
NAME **AZEEM H. LAKHANI**
STREET ADDRESS **1616 N. DALE MABRY HWY**
CITY-ST-ZIP **LTZ FL-33549**

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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:

Azeem Lakhani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-02

Date

Daytime Phone #

CR2E034B (12/01)