

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90019 008 ***150.00

CR2E034 (9/01)

DOCUMENT # P01000073956

1. Entity Name
FARIHA ENTERPRISES INC.

Principal Place of Business
**1760 MISSOURI AVE NORTH
 LARGO FL 33770-1854**

Mailing Address
**3821 SW COLLEGE ROAD
 Ocala FL 34474**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3821 SW COLLEGE RD
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip Country

Zip Country

4. FEI Number

59-3732452

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOSSAIN, S M MONTAZ
 1760 MISSOURI AVE NORTH
 LARGO FL 33770-1854**

7. Name and Address of New Registered Agent

Name

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

3821 SW COLLEGE RD

City

LARGO

FL

Zip Code

33770

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

2/19/02

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

TITLE **PS** ☐ Delete
 NAME **HOSSAIN, S M MONTAZ**
 STREET ADDRESS **1760 MISSOURI AVE NORTH**
 CITY-ST-ZIP **LARGO FL 33770-1854**

TITLE **VT** ☐ Delete
 NAME **MIRZA, ZAKIA**
 STREET ADDRESS **1760 MISSOURI AVE NORTH**
 CITY-ST-ZIP **LARGO FL 33770-1854**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ADDRESS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3821 SW COLLEGE RD**
 CITY-ST-ZIP **LARGO, FL 33770**

TITLE **ADDRESS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3821 SW COLLEGE RD**
 CITY-ST-ZIP **LARGO, FL 33770**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

Daytime Phone #