

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90158 034 ***150.00

DOCUMENT # **PO1060073956**

1. Entity Name

FARIHA ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

10075666

2. Principal Place of Business
3821 SW COLLEGE RD

3. Mailing Address
3821 SW COLLEGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
59-3732452

Applied For
Not Applicable

Zip
34474

Country

Zip
34474

Country

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
HOSSAIN, S M MOMTAZ

Street Address (P.O. Box Number is Not Acceptable)
3821 SW COLLEGE RD

City
OCALA **FL** Zip Code
34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **S M Momtaz Hossain** DATE **04.15.03**

Signature, typed or printed name of registered agent and title if applicable.

(Not Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PS	HOSSAIN, S M MOMTAZ	3821 COLLEGE RD	OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **S M MOMTAZ HOSSAIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.15.03

Date

Daytime Phone #

CR2E034B (12/02)