

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90051 001 ***150.00

DOCUMENT # P01000092702

1. Entity Name
SADBAB INC

Principal Place of Business

2507 SPRING HARBOR CIRCLE, APT 1
MOUNT DORA FL 32757

Mailing Address

2507 SPRING HARBOR CIRCLE, APT 1
MOUNT DORA FL 32757

2. Principal Place of Business

439 W. SILVERSTAR

3. Mailing Address

2507 SPRING HARBOR CIRCLE, APT 1

Suite, Apt. #, etc.

00000

Suite, Apt. #, etc.

MT. DORA

City & State

FL -

City & State

FL -

Zip

34761

Country

ORANGE

Zip

32757

Country

LAKE

DO NOT WRITE IN THIS SPACE

4. FEI Number

593745233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARIM, ALTAF

100 RANDON TERRACE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name

SADRUL ALAM

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

2507 SPRING HARBOR CIRCLE, APT 1
MT. DORA, FL

City

FL

Zip Code

32757

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/02

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 **P** ☐ Delete
NAME **ALAM, SADRUL**
STREET ADDRESS **2507 SPRING HARBOR CIRCLE, APT 1**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **VS** ☐ Delete
NAME **BABUL, BABUL**
STREET ADDRESS **2507 SPRING HARBOR CIRCLE, APT 1**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
NAME **president**
STREET ADDRESS **AS ABOVE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Vice president**
STREET ADDRESS **AS ABOVE**
CITY-ST-ZIP

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

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

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

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]

Date

Daytime Phone #

2/14/02

CR2E034 (9/01)