

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101196

1. Entity Name  
CHEEDA ENTERPRISES, INC.



FILED

03 AUG 27 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~288 WILSHIRE BLVD.~~  
~~SUITE 127~~  
CASSELBERRY FL 32707

Mailing Address  
~~288 WILSHIRE BLVD.~~  
~~SUITE 127~~  
CASSELBERRY FL 32707

2. Principal Place of Business  
238 WILSHIRE BLVD  
Suite, Apt. #, etc.  
STE 149  
City & State  
CASSELBERRY FL  
Zip  
32707  
Country

3. Mailing Address  
238 WILSHIRE BLVD  
Suite, Apt. #, etc.  
SUITE 149  
City & State  
CASSELBERRY FL  
Zip  
32707  
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**  
14-1878504  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CHEEDA, FAHMIDA  
~~288 WILSHIRE BLVD.~~  
~~SUITE 127~~  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent  
Name  
CHEEDA, FAHMIDA  
Street Address (P.O. Box Number is Not Acceptable)  
238 WILSHIRE BLVD  
SUITE 149  
City  
CASSELBERRY FL  
Zip Code  
32707

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 Ahmed DATE 08/23/03  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEEDA, FAHMIDA <del>288 WILSHIRE BLVD., STE 127</del> CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHEEDA, MANSOOR A <del>288 WILSHIRE BLVD., STE 127</del> CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2P CHEEDA, FAHMIDA 238 WILSHIRE BLVD STE 149 CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHEEDA, MANSOOR A 238 WILSHIRE BLVD STE 149 CASSELBERRY FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500022588665 08/27/03-01010--001 **\$50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ahmed SIGNATURE REQUIRED 08/23/03 407-2633000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000639 AV

CR2E034 (4/03)