03 AUG 27 PM 3: 16

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000101196
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1. Entity Name

CHEEDA ENTERPRISES, INC.

					E TENS		_SECRETARY	OF STA	JE		
Principal Place of Business	rincipal Place of Business Mailing Address					TALLAHASSEE, FLORIDA					
-200 WILSHIRE BLVD.		288 WILSHIRE BLVD			J						
CACCEL PERDY EL 20707		CASSEL DEDDO EL 20707			}		**********************			1841 0 0 411 1084	
CASSELBERRY FL 32707		CASSELBERRY FL 32707			 	[]		A in i l abi i			
2. Principal Place of Business		3. Mailing Address				[{	69 05 0 0.	.SI 00101 (SUN 61	(1816) 1886) 1886 1	16106 6101 1861	
238 WILSHIRE BLUD 238 WILSHIRE BLUD					BLVD						
Suite, Apt. #, etc. Suite, Apt. #, etc.					7 5	CHECK HERE IF MAKING CHANGES					
STE 149		SUITE									
City & State	nh! []	City & State				4. FEI N	oplied For				
CASSELBE			SSELBERRY			14-18783				ot Applicable	
32707	Country	32407	Coun	try	1	5. Certifi	cate of Status Desired		\$8.75 Add Fee Require		
	d Address of Current F		L			7. Name	and Address of New I			,u	
Name											
CHEEDA, FAHMIDA CHE							FAH	MI			
-288 WILSHIRE BLVD:					ddress (P.	O. Box Nu	umber is Not Acceptable	e) <i>BL</i>	(VD		
- CHITE 403							2/26		· <u> </u>		
CASSELBERRY FL 32707					127		747		-1-:		
0.10022521111 12 02101				City	95SE	FL B	ERRY	FL	Zip Cod کے ج	الحرصعة	
8. The above named entity su		the purpose of changing its	registere					orida, I am f	amiliar with,	and accept	
the obligations of registered agent.											
SIGNATURE Street in some or private ages and still if applicable ANOTE Registered Agest streets a project upon private ages and still if applicable ANOTE Registered Agest streets and applicable ANOTE APPLICABLE AND APPLICABLE ANO											
	nted name of registered agent ar	nd title if applicable. (NOT	: Registered	d Agent signat	ure required w	hen reinstatin	g)	DATE	/		
FILE NOW!!! F	EE IS \$550.00										
After September 10, 20	After September 10, 2003 Fee will be \$750.00					9. Election Campaign Financing \$5.00 May Be					
Make Check Payable to Flo	orida Department of	State					trust rung Commonic	ит: 🗀) Added	u to rees	
10.	OFFICERS AND D	DIRECTORS	11.		_		NS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE DP		☐ Delete	TITLE		25 /				Change	Addition	
NAME CHEEDA, FAH			NAMI		CHE	ED	A , FAH, LSHIRE	MIDA	, ,	TE 149	
0.000	i BLVD., STE-12 7. V EL 22707			ET ADDRESS						-1	
	1 FL 32/0/	 _	-	-ST-ZIP	CAS	SEL	BERRY	<u> </u>			
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SINEEL ADOLESS			■ SINE	EL AUURESS						I	

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition