

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90247 021 ***150.00

DOCUMENT # *P01000105421*

1. Entity Name

AFZAL TRADING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

238 Wilshire Blvd

Suite, Apt. #, etc.

149

3. Mailing Address

238 Wilshire Blvd

Suite, Apt. #, etc.

149

11017330

DO NOT WRITE IN THIS SPACE

City & State
Casselberry, FL

City & State
Casselberry, FL

4. FEI Number

03-0513755

Applied For

Not Applicable

Zip
32707

Country
USA

Zip
32707

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MUHAMMAD AFZAL Bihulah Nabi

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

238 Wilshire Blvd Suite 149

City

Casselberry

FL

Zip Code

32707

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: 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
PRESIDENT/SECRETARY/TREASURER
NAME
MUHAMMAD AFZAL Nabi
STREET ADDRESS
238 Wilshire Blvd # 149
CITY - ST - ZIP
Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2003

Date

407-263-3000

Daytime Phone #

CR2E034B (12/02)