

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90323 044 ***150.00

DOCUMENT # P01000106312

1. Entity Name
RUKHSI IQBAL AND COMPANY, INC.

Principal Place of Business

**14895 NE 18TH AVE. #2R
 NORTH MIAMI FL 33181**

Mailing Address

**14895 NE 18TH AVE. #2R
 NORTH MIAMI FL 33181**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

301 NE 2nd Ave

City & State

Miami, FLA

Zip **33132**

Country **DADE**

Suite, Apt. #, etc.

301 NE 2nd Ave

City & State

Miami, FLA

Zip **33132**

Country **DADE**

4. FEI Number

65-1152212

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AHMED, IQBAL
 14895 NE 18TH AVE. #2R
 NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

AHMED, IQBAL

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

301 NE 2nd Ave

City

Miami

FL

Zip Code

33132

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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 **D** ☐ Delete
 NAME **AHMED, RUKHSANA**
 STREET ADDRESS **14895 NE 18TH AVE. #2R**
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **D** ☐ Delete
 NAME **AHMED, IQBAL**
 STREET ADDRESS **14895 NE 18TH AVE. #2R**
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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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 **D** ☒ Change ☐ Addition
 NAME **AHMED RUKHSANA**
 STREET ADDRESS **301 NE 2nd Ave**
 CITY-ST-ZIP **Miami, FL 33132**

TITLE **D** ☒ Change ☐ Addition
 NAME **AHMED, IQBAL**
 STREET ADDRESS **301 NE 2nd Ave**
 CITY-ST-ZIP **Miami, FLA. 33132**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02

(305) 372-3949

CR2E034 (9/01)