

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90227 033 ***150.00

DOCUMENT # P02000013294

1. Entity Name

SOUTH FLORIDA COMMUNICATIONS, INC.



Principal Place of Business

**5930 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33076**

Mailing Address

**5930 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33076**

2. Principal Place of Business

6554 N. STATE Rd 7

Suite, Apt. #, etc.

Coconut Creek FL

City & State

33073 USA

Zip

Country

3. Mailing Address

6554 N. STATE Rd 7

Suite, Apt. #, etc.

Coconut Creek, FL

City & State

33073 USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

43-1951015

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RAJWANY, NURUDDIN

**5930 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent

Name

Same

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

6554 N. State Rd 7

City

Coconut Creek, FL

FL

Zip Code

33073

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

1/3/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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** ☐ Delete

NAME **SHAFIA LALANI**
STREET ADDRESS **5821 Hawks bluff Ave**
CITY-ST-ZIP **DAVIE, FL 33331**

TITLE **Secretary** ☐ Delete

NAME **Nuruddin Raywany**
STREET ADDRESS **5166 NW 125 Ave**
CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE **Director** ☐ Delete

NAME **Suleman Sadruddin**
STREET ADDRESS **377 SW. 198 Ter.**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 supplementary 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03

954 4189400

CP2E034 (10/02)