

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 12 PM 3:47

DOCUMENT # P02000038530

1. Entity Name  
MUHIB, INC.



Principal Place of Business  
8180 CLEARY BLVD.  
VILLA # 1801  
PLANTATION, FL 33324

Mailing Address  
8180 CLEARY BLVD.  
VILLA # 1801  
PLANTATION, FL 33324

2. Principal Place of Business

8260 sunset Blvd.

Suite, Apt. #, etc.

3. Mailing Address

8260 sunset Blvd.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33322

Country

USA

Zip

33322

Country

USA



515103 90264 004 150-00

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAZZAK, ZAHEER  
8180 CLEARY BLVD.  
VILLA # 1801  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Michael Skop, ESQ.

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

12865 W. DIXIE HWY

City

N. MIAMI

FL

Zip Code

33161

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

*Michael Skop*

Michael Skop

5/1/03

Signature, type or print name and title of agent and title, if applicable.

(NOTE: Registered Agent Signature Required when Resigning)

DATE

FILE NOW!!! FEE IS \$160.00

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 | NAME           | STREET ADDRESS                  | CITY - ST - ZIP      | <input checked="" type="checkbox"/> Delete |
|-------|----------------|---------------------------------|----------------------|--------------------------------------------|
| DPT   | RAZZAK, ZAHEER | 8180 CLEARY BLVD., VILLA # 1801 | PLANTATION, FL 33324 |                                            |
| DVPS  | ZAHEER, ATEEGA | 8180 CLEARY BLVD., #1801        | PLANTATION, FL 33324 | <input checked="" type="checkbox"/> Delete |
|       |                |                                 |                      | <input type="checkbox"/> Delete            |
|       |                |                                 |                      | <input type="checkbox"/> Delete            |
|       |                |                                 |                      | <input type="checkbox"/> Delete            |
|       |                |                                 |                      | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME        | STREET ADDRESS   | CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------|------------------|------------------|--------------------------------------------|-----------------------------------|
| DVPS  | INSOOK CHOI | 8260 SUNSET BLVD | SUNRISE FL 33322 |                                            |                                   |
|       |             |                  |                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |             |                  |                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |             |                  |                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |             |                  |                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |             |                  |                  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |

CR2E034 (10/02)

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:

*Michael Skop*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/03

Daytime Phone #

3059701719

8/12  
00