2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000041258

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

786 DONUTS, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90171 048 ***150.00

Principal Plac 7512 PRESCO LAKE WORTH		Mailing Address 7512 PRESCOTT LANE LAKE WORTH FL 33467							
2. Principal F	Place of Business V. FEDERAL HWY	3. Mailing Address					8 1		
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	NOME FL	City & State			13-0464203		pplied For ot Applicable		
33009	· Country BROWARD	Zip	Cour	ntry + : .	.5. (8.75 Ad ee Require		
	6. Name and Address of Current P	legistered Agent			7. N	Name and Address of New Registered A	gent		
					Name				
	ABDUL RAHIM SCOTT LANE	Street Addre		dress (P.O. B	ss (P.O. Box Number is Not Acceptable)				
LAKE WO	RTH FL 33467								
	.			City		FL	Zip Cod	de	
SIGNATURE F Afte	Signature, typed or printed name of registered agent are ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		E: Registere	ed Agent signature	e required when re	9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND C	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MATANI, ABDUL RAHIM 7512 PRESCOTT LANE LAKE WORTH FL 33467	□ Delete					Change	☐ Addition	
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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 addless, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: SIGNATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4 12 53 954-754 19
Date Davine Phone #

Change

■ Addition