FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P02000095801

1. Entity Name

Maher Distribution Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10385 Colonial Drive	500 E Semoran Blvd, Ste 2 J
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Casselberry, Fl
Zip: 32817 Country:	Zip: 32707 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 14-1845953 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALI, SHAFEEQ

Street Address (P.O. Box Number is Not Acceptable): 500 E Semoran Blvd ste 2 J

City: Casselberry **FL** Zip Code: 32707

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		11.	
TITLE	President / Treasurer	TITLE	
NAME	ALI, SHAFEEQ	NAME	
STREET ADDRESS	500 E Semoran Blvd ste 2 J	STREET ADDRESS	U00000355363
CITY-ST-ZIP	Casselberry, Fl - 32707	CITY-ST-ZIP	05/03/05--01045--007 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shafeeq ali 4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #