

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90106 045 ***155.00

FORM 1000 1/01

DOCUMENT # P02000119310



1. Entity Name
PAK-SO, INC.

Principal Place of Business
**10829 NW 46TH DR
CORAL SPRINGS FL 33076**

Mailing Address
**10829 NW 46TH DR
CORAL SPRINGS FL 33076**



2. Principal Place of Business

3. Mailing Address

3601 NW COMMERCIAL BLVD.
Suite, Apt. #, etc.

3601 W. Commercial Blvd.
Suite, Apt. #, etc.

#37
City & State

#37
City & State

Ft. Lauderdale, FL

Ft. Lauderdale

Zip
33309

Country
US

Zip
33309

Country
US

4. FEI Number

320040891

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AHMAD, SULAMAN
10829 NW 46TH DR
CORAL SPRINGS FL 33076**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	AHMAD, SULAMAN
STREET ADDRESS	10829 NW 46TH DR
CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	D <input type="checkbox"/> Delete
NAME	QURESHI, MUHAMMAD Z.P.
STREET ADDRESS	18 CANTERBURY LANE
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **AHMAD, SULAMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-7-03** Daytime Phone #: **954-733-2200**

CR2E034 (10/02)