

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064165

1. Entity Name

KWIC-PIC OF MIAMI, INC.

Principal Place of Business

602 N.W. 57TH AVE.  
MIAMI FL 33126

Mailing Address

9805 S.W. 122ND AVE.  
MIAMI FL 33186-2622  
US

2. Principal Place of Business

602 N.W. 57TH AVE

Suite, Apt. #, etc.

3. Mailing Address

602 N.W. 57TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0451096

Applied For

Not Applicable

Zip

Country

33126 DADE

Zip

Country

33126 DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAUDHRY, SHAUHAT T 9805 S.W. 122ND AVENUE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAUDHRY, FARZANA S 9805 S.W. 122ND AVENUE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *Shaukat Chaudhry* SHAUHAT CHAUDHRY 4-27-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90064 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE