

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 90387 023 ***150.00

DOCUMENT # P93000077435

1. Entity Name
IR AND AR, INC.



Principal Place of Business
**926 W. ATLANTIC AVE.
DELRAY BEACH FL 33444**

Mailing Address
**926 W. ATLANTIC AVE.
DELRAY BEACH FL 33444**

55038358



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0450068**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~ISLAM, MOHAMMED M~~
~~926 W. ATLANTIC AVE~~
~~DELRAY BEACH FL 33444~~

Name **RAHMAN MD MOMINUR**
Street Address (P.O. Box Number is Not Acceptable) **926 WEST ATLANTIC AVE**
City **DELRAY BEACH** FL **33444**

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 **Md. M. Rahman**

4/14/03

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

TITLE **D** ☐ Delete
NAME **KHAN, ABDUR R**
STREET ADDRESS **1757 SOUTH CURLEW LANE**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **D** ☒ Delete
NAME ~~ISLAM, MOHAMMED M~~
STREET ADDRESS ~~8251 PALM TRACE LANDING #210~~
CITY-ST-ZIP ~~DAVIE FL 33314~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **RAHMAN MD MOMINUR**
STREET ADDRESS **1235 SUSSEX ST**
CITY-ST-ZIP **BOYNTON BEACH FL 3348**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/03 561-719-5091
Date Daytime Phone #

CR2E034 (10/02)