

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000020421**

1. Entity Name

HAJI III CORP.**FILED****Apr 11, 2000 8:00 am**
Secretary of State

04-11-2000 90054 014 ***150.00

Principal Place of Business

**13623 S DRIVE HWY 147
MIAMI FL 33176
US**

Mailing Address

**13623 S DIXIE HWY 147
MIAMI FL 33176-7295
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0479332

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ABID, MOHAMMED S
11825 S.W. 119TH PLACE
MIAMI FL 33186**

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

TITLE	PV	<input type="checkbox"/> Delete
NAME	IRFAN ABID	
STREET ADDRESS	11825 SW 119 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BASHIR, ALAMGIR	
STREET ADDRESS	12054 SW 117 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AHMED, SHAKIL	
STREET ADDRESS	10651 SW 108 CT., #K-3	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABID, MOHAMMAD S.	
STREET ADDRESS	11825 SW 199 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAFIQ, ASIF	
STREET ADDRESS	12040 SW 118 ST,	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AHMED, JAMIL	
STREET ADDRESS	19930 NE 2ND CT.	
CITY-ST-ZIP	N. MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMAD SHAFIQ ABID

Date

4/5/2000 (305) 251-7733

Daytime Phone #

CR2E034 (9/99)