

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000020421****1. Entity Name**  
**Haji III Corp.****FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90246 029 \*\*\*150.00

Principal Place of Business <b>13623 S DRIVE HWY 147 MIAMI FL 33176 US</b>	Mailing Address <b>13623 S DIXIE HWY 147 MIAMI FL 33176 US</b>
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

<b>4. FEI Number</b> <b>65-0479332</b>	Applied For
	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>
<b>ABID, MOHAMMED S 11825 S.W. 119TH PLACE MIAMI FL 33186</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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** \_\_\_\_\_ (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, 2001 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**

<b>11. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>PV</b>
<b>NAME</b>	<b>IRFAN ABID</b>
<b>STREET ADDRESS</b>	<b>11825 SW 119 PL</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>BASHIR, ALAMGIR</b>
<b>STREET ADDRESS</b>	<b>12054 SW 117 TERR.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>AHMED, SHAKIL</b>
<b>STREET ADDRESS</b>	<b>10651 SW 108 CT., #K-3</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ABID, MOHAMMAD S.</b>
<b>STREET ADDRESS</b>	<b>11825 SW 199 PLACE</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33186</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>RAFIQ, ASIF</b>
<b>STREET ADDRESS</b>	<b>12040 SW 118 ST,</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>AHMED, JAMIL</b>
<b>STREET ADDRESS</b>	<b>19930 NE 2ND CT.</b>
<b>CITY-ST-ZIP</b>	<b>N. MIAMI FL</b>

<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** **MOHAMMED ABID** **1/5/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)