

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046503

1. Entity Name

KARIM & MAJID INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90042 035 \*\*\*150.00

Principal Place of Business

Mailing Address

4903 SHERIDAN STREET  
HOLLYWOOD FL 33021

4903 SHERIDAN STREET  
HOLLYWOOD FL 33021-2823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0502390

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KARIM, MOHAMMED H  
3001 BOGOTA AVE  
COOPER CITY FL 33006

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

M. H. Icar

3/09/2000

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 PD ☐ Delete  
NAME KARIM, SHABBIR  
STREET ADDRESS 3001 BOGOTA AVE  
CITY-ST-ZIP COOPER CITY FL

TITLE SHABBIR KARIM ☒ Change ☐ Addition  
NAME 4903 SHERIDAN STREET  
STREET ADDRESS HOLLYWOOD FL 33021  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MAJID, AFZAL  
STREET ADDRESS 1408 S POERLINE ROAD  
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE VD ☐ Delete  
NAME MAJID, SHAFI  
STREET ADDRESS 4903 SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE TD ☐ Delete  
NAME KARIM, MOHAMMED H  
STREET ADDRESS 3001 BOGOTA AVE  
CITY-ST-ZIP COOPER CITY FL 33021

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

M. H. Icar

3/09/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)