## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P94000049930 1. Entity Name FN AND I, INC. 02-27-2001 90314 014 \*\*\*150.00 Principal Place of Business Mailing Address 6924 MIRAMAR PARKWAY 6924 MIRAMAR PARKWAY MIRAMAR FL 33023 MIRAMAR FL 33023 144691 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 Applied For 65-0589885 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAHID, FATIMA Street Address (P.O. Box Number is Not Acceptable) 6924 MIRAMAR PARKWAY MIRAMAR FL 33023 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS SECRETARY ☐ Delete TITLE TITLE ☐ Change MD SHAHID DELWAR NAME ISLAM, MOHAMMED M NAME 2445 SW 18th TERR APT#103 STREET ADDRESS STREET ADDRESS 2230J SPRING HARBOR DR. CITY-ST-ZIP CITY-ST-ZIP FT- LAUDERDALE **DELRAY BEACH FL 33445** ☐ Change ☐ Addition ٧D ☐ Delete TITLE NAME NAHID, FATIMA NAME STREET ADDRESS STREET ADDRESS 2230J SPRING HARBOR DR. CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MOHAMMED M ISLAM

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-01

(954) 989-3771

Daytime Phone #

CR2E034 (10/