

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 10 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052089

1. Entity Name

EXIM ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

537 LAKSIDE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

537 LAKESIDE CIRCLE
Suite, Apt. #, etc.

City & State

SUNRISE FL 33326-2136

City & State

SUNRISE FL 33326-2136

Zip

33326-2136

Country

Zip

33326-2136

Country

4. FEI Number

65-0506303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MOHAMMED, FAZAL

Street Address (P.O. Box Number is Not Acceptable)

537 LAKESIDE CIRCLE

City SUNRISE

FL

Zip Code
33326

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 *Zinette Mohammed* for

FAZAL MOHAMMED

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
MOHAMMED, FAZAL
537 LAKESIDE CIRCLE
SUNRISE, FL. 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MOHAMMED, ZINETTE
537 LAKESIDE CIRCLE
SUNRISE FL 33326

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP
1000101133401
01/15/03-01063-011 \$150.00

DO NOT WRITE
IN THIS SPACE

CR250348 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statute. 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 667, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Zinette Mohammed*

ZINETTE MOHAMMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Attachment

P94000052089

January 6, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: EXIM ENTERPRISES, INC.
Document # P94000052089
ID #65-0506303

To Whom It May Concern:

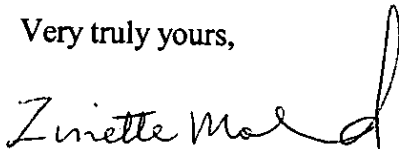
We are writing this letter to advise you that we did not receive your first or any subsequent mailing of the 2002 Uniform Business Report, therefore, failed to file it in a timely manner.

We respectfully request that you waive the late fee and accept the enclosed check for \$150.00 as full payment for year 2002 report.

We sincerely apologize any inconvenience this may have caused you.

In appreciation of your understanding, we remain.

Very truly yours,



Zinette Mohammed
Secretary
Exim Enterprises, Inc.