

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000060974**

1. Entity Name

ACQ, Inc

Principal Place of Business

**12327 Citrus Grove Blvd
West Palm Beach FL 33412**

Mailing Address

**12327 Citrus Grove Blvd
West Palm Beach, FL 33412**

2. Principal Place of Business

**12327 Citrus Grove Blvd.
Suite, Apt. #, etc.**

3. Mailing Address

**12327 Citrus Grove Blvd
Suite, Apt. #, etc.**

City & State

**West Palm Beach, FL
Zip 33412 Country US**

City & State

**West Palm Beach, FL
Zip 33412 Country US**

4. FEI Number

65-0513039

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

**Chaudhary, Ghulam
1311 NW 155 Lane
Pembroke Pines, FL 33028**

7. Name and Address of New Registered Agent

Name

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

12327 Citrus Grove Blvd.

City

West Palm Beach, FL

Zip Code

33412

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]

[Signature]

10/24/01

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 \$155.00
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**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JALIL QAMAR	
STREET ADDRESS	8002 SW 81 Drive	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALI BASHARAD	
STREET ADDRESS	8002 SW 81 Drive	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	DST	<input type="checkbox"/> Delete
NAME	Ghulam Chaudhary	
STREET ADDRESS	8002 SW 81 Dr.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200004706702-8	
STREET ADDRESS	-12/05/01--01080--005	
CITY-ST-ZIP	***150.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ghulam Chaudhary	
STREET ADDRESS	12327 Citrus Grove Blvd.	
CITY-ST-ZIP	West Palm Beach, FL 33412	
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		
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)(f), 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

Date

Daytime Phone #

1 of 2

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -1 PM 1:05

CR2E034 (11/00)

2 of 2

ACQ, Inc.
12327 Citrus Grove Blvd.
West Palm Beach, Florida 33412

October 24, 2001

Department of State
~~Division of Corporations~~
Corporate Filings
PO Box 6327
Tallahassee, FL 32314
Tel: (850) 245-6059

Ref: Annual Report for ACQ, Inc.; Document # P94000060974

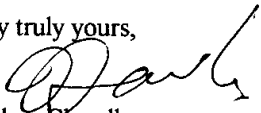
Dear Sir or Madam,

We would like to inform you that ACQ, Inc. has never received the 2001 Annual Report for proper filing with your office. As a result, ACQ has been administratively dissolved.

Herein, we respectfully request that ACQ, Inc. be reinstated at the standard fee of \$150.00 for which we include payment herewith and the Annual Report for 2001. We would greatly appreciate your prompt and professional attention to this matter.

Should you have any questions please do not hesitate to contact our accountant, Mr. William Cuervo, at (305) 962-6995.

Very truly yours,


Ghulam Chaudhary
President & Registered Agent
ACQ, Inc.