## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## Mar 06, 2002 8:00 am Secretary of State P94000076590 DOCUMENT # 1. Entity Name SHEIKH II DONUT CORPORATION 03-06-2002 90002 002 \*\*\*150.00 Mailing Address Principal Place of Business DUNKIN DONITI **DUNKIN DONITI** 11427 S DIXIE HWY 11427 S DIXIE HWY MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0575202 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rehan NASEER, MUHAMMAD .... Street Address (P.O. Box Number is Not Acceptable) 11790 N. KENDALL DRIVE MIAMI FL 33186 Ounkin Donate 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable FILE NOW!!! FEE IS \$150.00 .g. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. OFFICERS AND DIRECTORS Ή. Addition TITLE TITLE ☐ Delete NASEER, NIGHAT NASEET, NIGHAT NAME NAME 11790 N. KENDALL DRIVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Naseer, Kehan NASSEER, MUHAMMAD 11427 S. Dirie Hwy. Dunkin Donnts NAME 11790 N. KENDAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7/P Miami, FL 33156 **MIAMI FL 33186** CITY-ST-ZIP Delete TITI F NAME ZAFER, SHAHEEN NAME STREET ADDRESS STREET ADDRESS 11790 N. KENDAL DRIVE CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED