

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000076590

1. Entity Name

SHEIKH II DONUT CORPORATION



Principal Place of Business

**DUNKIN DONUTS
11427 S DIXIE HWY
MIAMI FL 33156**

Mailing Address

**DUNKIN DONUTS
11427 S DIXIE HWY
MIAMI FL 33156**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0575202**

Applied For
Not Applicable

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

**NASEER, REHAN
11427 S. DIXIE HIGHWAY
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **NASEER, NIAHAT**
CITY-ST-ZIP **11790 N. KENDALL DRIVE
MIAMI FL 33186**

☐ Change ☐ Addition
U00000040647
02/09/04-80056-011 150.00

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **NASEER, REHAN**
CITY-ST-ZIP **11427 S. DIXIE HWY, DUNKIN DONUTS
MIAMI FL 33156**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **NASEER, FARHAN**
CITY-ST-ZIP **11427 S. DIXIE HWY, DUNKIN DONUTS
MIAMI FL 33156**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Night Naseer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 786-242-1531

Date

Daytime Phone #