## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P95000051738 May 01, 2000 8:00 am Secretary of State 1. Entity Name SINO PAK INC. 05-01-2000 90039 005 \*\*\*150.00 Principal Place of Business Mailing Address 6905 W 12 AVE UNIT 8 6905 W 12TH AVE UNIT 8 HIALEAH FL 33014 HIALEAH FL 33014-5117 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0598508 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name MOHAMMAD, TARIQ LATIF Street Address (P.O. Box Number is Not Acceptable) 6249 SW 131 PL **MIAMI FL 33183** 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 DATE 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, 2000 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 12. TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME MOHAMMAD, TARIQ LATIF STREET ADDRESS STREET ADDRESS 6249 SW 131ST PL UNIT #103 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33183 **∠** Delete ☐ Change ☐ Addition TITLE TITLE **4P** NAME <del>Farzana, Latif-</del> STREET ADDRESS STREET ADDRESS 0249 SW 191ST PL-UNIT #103 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 . Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. SIGNATURE: SIGNATURE AND TYPED OF PRINTED