

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000034177**

1. Entity Name

**INTER-CITY ENTERPRISES INC.****FILED****Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90045 019 \*\*\*150.00

**00035631**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**508 S MILITARY TRAIL  
DEERFIELD BCH FL 33442  
US****508 S MILITARY TRAIL  
DEERFIELD BCH FL 33442  
US**

2. Principal Place of Business

3. Mailing Address

**5541 NW 57 WAY****5541 57 WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**CORAL SPRINGS, FLORIDA**

City &amp; State

**CORAL SPRINGS, FLORIDA**

4. FEI Number

**65-0635876**

Applied For

Not Applicable

Zip

**33067**

Country

**USA**

Zip

**33067**

Country

**USA**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

**CHEEMA, SAIFULLAH****508 S MILITARY TRAIL 5541 NW 57 WAY****DEERFIELD BCH FL 33442****CORAL SPRINGS, FL 33067**

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.

SIGNATURE

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 \$150.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CHEEMA, SAIFULLAH</b>      |                                 |
| STREET ADDRESS | <b>5541 NW 57TH WAY</b>       |                                 |
| CITY-ST-ZIP    | <b>CORAL SPRINGS FL 33067</b> |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MCFLIKER, HENRY</b>        |  |
| STREET ADDRESS | <b>5048 NW 57 TERR</b>        |  |
| CITY-ST-ZIP    | <b>CORAL SPRINGS FL 33067</b> |  |

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CHEEMA, BUSHRA</b>               |  |
| STREET ADDRESS | <b>5541-NW 57 WAY</b>               |  |
| CITY-ST-ZIP    | <b>CORAL SPRINGS, FLORIDA 33067</b> |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

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| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

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| CITY-ST-ZIP    |  |                                 |

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|----------------|--|---|
| 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)(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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-10-01**

CR2E034 (10/00)