

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005734

1. Entity Name

THREE AND FAITH PROPERTIES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90168 012 ***150.00

Principal Place of Business	Mailing Address
6701 BISCAYNE BLVD MIAMI FL 33137 US	29495 S.W. 152ND AVENUE LEISURE CITY FL 33033-2847

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country

65-0642096	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent
HUQ, EMRANUL 29495 S.W. 152ND AVENUE LEISURE CITY FL 33033

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISLAM, MANZURUL	NAME	
STREET ADDRESS	11211 SOUTH MILITARY TRAIL #2721	STREET ADDRESS	112693 TORBAY DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	BOCA RATON, FL 33418
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUQ, EMRANUL	NAME	
STREET ADDRESS	1660 SOUTH CURLEW LANE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33035	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIRU, MOSHAMED	NAME	
STREET ADDRESS	1757 SOUTH CURLEW LANE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33035	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AWLAD, HOSSAIN M	NAME	
STREET ADDRESS	1660 S. CURLEW LANE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33035	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.

SIGNATURE: Hossain M Ali X X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)