

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022796

1. Entity Name
786 AISHA INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90010 025 ***150.00

Principal Place of Business Mailing Address
106 SOUTH FLAMINGO ROAD 106 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027-1720

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 **65-0730523** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KARIM, MOHAMMED H
3001 BOGOTA AVENUE
COOPER CITY FL

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 _____ (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, 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	D	<input type="checkbox"/> Delete
NAME	KARIM, MOHAMMED H	
STREET ADDRESS	3001 BOGOTA AVENUE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJID, AFZAL	
STREET ADDRESS	1408 POWERLINE ROAD	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SATTAR, ABDUL Q	
STREET ADDRESS	1408 POWERLINE ROAD	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJID, SHAFI	
STREET ADDRESS	1408 POWERLINE ROAD	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 NW 96th Ave #101	
CITY-ST-ZIP	PEMBROKE PINES 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Abdul Sattar **NOT REQUIRED** 3/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)