

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91505 040 ***150.00

01/02/02 AV

DOCUMENT # P96000022796

1. Entity Name
786 AISHA INC.

Principal Place of Business
**106 SOUTH FLAMINGO ROAD
 PEMBROKE PINES FL 33027**

Mailing Address
**106 SOUTH FLAMINGO ROAD
 PEMBROKE PINES FL 33027**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0730523**
 Applied For
 Not Applicable

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

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, 2002 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

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	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SATTAR, ABDUL Q	
STREET ADDRESS	150 NW 96TH AVE #101	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAJID, SHAFI	
STREET ADDRESS	1408 POWERLINE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUGIY, JAYENT	
STREET ADDRESS	1400 NW 97TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NAGPAL, VINESH	
STREET ADDRESS	1228 SOUTH GAK DR	
CITY-ST-ZIP	PITTSBURGH PA 15241	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGIY JAYENT	
STREET ADDRESS	1400 NW 97TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGPAL VINESH	
STREET ADDRESS	1228 SOUTH GAK DR	
CITY-ST-ZIP	PITTSBURGH PA 15241	

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: _____ Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)