

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000028087**

1. Entity Name

**RAZ CORPORATION DRYCLEANERS**

Principal Place of Business

Mailing Address

**1513 Patrickway  
W.P.B., FLA 33413**

FILED

00 JUL 27 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0660139** Applied For ☐ Not Applicable ☒

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

**RAZIA MASOOD  
10114 S. MILITARY TRAIL  
BOYNTON BEACH FLA. 33438**

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: ☐

**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 **P.R.** NAME **RAZIA MASOOD** ☐ Delete  
STREET ADDRESS **1513 PATRICKWAY**  
CITY-ST-ZIP **W.P.B., FLA 33413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**300003384633-5**  
**-09/07/00--01004--024**  
**\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Delete  
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☐ Change ☐ Addition

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:

**Ramasool**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/2001** **561-640-4010**  
Date Daytime Phone #

CR2:034 (1/99)

***A & K BOOKKEEPING & TAX CONSULTANTS***

*Syed H. Sharfi, M.B.A, B.B.A*  
*Accounting & Tax, Fla Atlantic University*  
*Asif S. Sharfi CPA*  
*Office & fax (561) 640-4010*  
*Residence (561) 697-3086*

*Dated July 18<sup>th</sup> 2000.*

*This is to certify that Our Company mailed Annual Report for the followings Corporations.*

- 1. RRB Enterprises Inc.*
- 2. Raz Corporation Dry Cleaners*

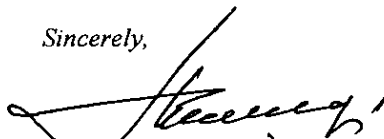
The above Corporation checks did not clear as of 05/15/2000 , we called the Annual Report Section and was told " they are still working." But to our surprise, we received the letter that Annual Report has not been recived by the Department. It is quite evident that it has been lost in the mail. We are therefore very sincerely requesting to accept our Annual Report with \$ 150.00 ( Replacement Checks ).

We will much appreciate your sympathetic consideration in this matter.

Thanking you,

Yours truly,

*Sincerely,*



*( Syed H. Sharfi )*  
*Senior Partner*