## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000043820 1. Corporation Name

BHAILA, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90001 032 \*\*\*158.75



Principal Place	of Business	Mailing Address			3 (00) (10) (10) (10) (10) (10) (10)	) <b>88</b> 111 <b>86</b> 117 <b>88</b> 11	1 81898 11181 1801	(1511 6611 1891	
2736 N.W. 29TH TERRACE FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311					DO NOT W	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualif				
					05/16/1996				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For	
21 2999	# O		$\Delta V$	<u> 28 to</u> Str	65-0713671		No	t Applicable	
Suite Apt.	<u> </u>	Suite, Apt. #, etc.	<del>~</del>			1527	\$8.75 A	Additional	
27 FT = LAUDERDAI				Fr333	5. Certificate of Status Desired	· <b>X</b>	Fee Re	quired =	-
City & State City & State  23   F1-CAUDERDALL:   F2   3331  28				-(	Election Campaign Financia     Trust Fund Contribution	ng 🗆	<b>\$5.00</b> Added to	- 1	
Zip	Country	Zip	Cou	intry	8. This corporation owes the o	urrent year l	ntangible		
24	25	29	30		Personal Property Tax.		☐ Yes	<b>∑</b> No	1
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registere	d Agent		
		Dializari Ruai	IZWAN BHANA:						
Bhaila, Rizwan				82 Street Ad	ICIZWAN ISHAI Idress (P.O. Box Number is Not Acco				
675 IVES DAIRY ROAD				1 675	LUES DAIRY	ROAD	٠ .		
APT # 120				83	11.19			ì	ĺ
NOR	TH MIAMI BCH FL 33179			84 City	# 190		. 85 Zip C		
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the a	have-named co	rporation submits this statement for	the purpose o	of changing its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	i Florida. Such change was aut	попиес	i by the corpora	ation's board of directors. I hereby ac	cept the appo	ointment as reg	gistered	
-	ν	1 2 1	700			63.59			Į
SIGNATURE	Signature, typed or printed name of registered agent	ired when reinstating)	DATE	<u> </u>		6			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECTO		9
TITLE	PST	☐ DELETÉ	1.1 TI	TLE			☐ Change	☐ Addition	3
NAME	BHAILA, RIZWAN		1.2 N	AME				ì	3
STREET ADDRESS	675 IVES DAIRY ROAD APT #12	20	1.3 S	TREET ADDRESS					إ
CITY-ST-ZIP	NORTH MIAMI BCH FL 33179		1.4 C	TY-ST-ZIP					Č
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NAME			2.2 N	AME					ĺ
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: