## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P96000043820** 1. Entity Name BHAILA, INC. 05-04-2000 90178 041 \*\*\*158.75 Principal Place of Business Mailing Address 2995 NW 28TH STREET 2995 NW 28TH STREET FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-2027 110003446 3. Mailing Address 2. Principal Place of Business μř SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0713671 Not Applicable PUDERDA Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BHAILA, RIZWAN Street Address (P.O. Box Number is Not Acceptable) 675 IVES DAIRY ROAD ARANBOLA CIRCL APT # 120 NORTH MIAMI BCH FL 33179 Zip Code 33063 OCONUT 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PST Addition ☐ Delete TITLE BHAILA, RIZWAN NAME 675 IVES DAIRY ROAD APT #120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BCH FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

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 address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

NAME

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME

RIZEDAN BHALLA PRESIDEN

☐ Delete

☐ Delete

01-08-00

(954)739-00K4

☐ Change

☐ Change

☐ Addition

■ Addition