

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91046 030 ***158.75

DOCUMENT # P96000043820

1. Entity Name
BHAILA, INC.



Principal Place of Business
**2925 NW 28TH STREET
FORT LAUDERDALE FL 33311**

Mailing Address
**2925 NW 28TH STREET
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

2925 NW 28TH STREET

Suite, Apt. #, etc.

FORT LAUDERDALE, FL, 33311.

City & State

3. Mailing Address

P.O. Box 227804

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122-7804

Country

4. FEI Number

65-0713671

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BHAILA, RIZWAN
4819 NW 22ND PLACE
COCONUT CREEK FL 33063**

7. Name and Address of New Registered Agent

Name

BHAILA, RAZZAK

Street Address (P.O. Box Number is Not Acceptable)

4819 N.W. 22ND PLACE

City

COCONUT CREEK

FL

Zip Code

33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R. RAZZAK BHAILA (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

April 01, 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	BHAILA, RIZWAN	
STREET ADDRESS	4819 NW 22ND PLACE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BHAILA, RAZZAK	
STREET ADDRESS	4819 N.W. 22ND PLACE	
CITY-ST-ZIP	COCONUT CREEK, FL, 33063	
TITLE	V. PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BHAILA, RIZWAN	
STREET ADDRESS	4819 N.W. 22ND PLACE	
CITY-ST-ZIP	COCONUT CREEK, FL, 33063	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BHAILA, INRAN	
STREET ADDRESS	4819 N.W. 22ND PLACE	
CITY-ST-ZIP	COCONUT CREEK, FL, 33063	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. RAZZAK BHAILA (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 01, 2003 (954) 415-5009

Daytime Phone #

CR2E034 (10/02)