

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000052414****1. Entity Name**
FAITH AND FAITH, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90134 014 ***150.00

Principal Place of Business**2901 NE 2ND AVE**
MIAMI FL 33137**Mailing Address****2901 NE 2ND AVE**
MIAMI FL 33137**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0674053**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CHAKLADER, ABDUL S**
2901 NE 2ND AVE
MIAMI FL 33137

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** *Abdul Chaklader* **ABDUL SALAM CHAKLADER** **1-12-2001**
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.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	D <input type="checkbox"/> Delete
NAME	CHAKLADER, ABDUL S
STREET ADDRESS	1660 SOUTH CURLEW LANE
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	D <input type="checkbox"/> Delete
NAME	ISLAM, MOHAMMED M
STREET ADDRESS	6251 PALM TRACE LANDING APT 216
CITY-ST-ZIP	DAVIE FL 33314
TITLE	D <input type="checkbox"/> Delete
NAME	KHAN, ABDUR R
STREET ADDRESS	1757 SOUTH CURLEW LANE
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Abdul Salam Chaklader* **ABDUL SALAM CHAKLADER** **1-12-2001** **305-573-0580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)