

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068387

1. Entity Name

UNITED TECHAID, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90053 041 ***150.00

Principal Place of Business

Mailing Address

1955 S SR 7
 HOLLYWOOD FL 33023

1955 S SR 7
 HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

408 NW 68th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

507

City & State

City & State
 PLANTATION FL

Zip

Country

Zip

Country

33317

USA

4. FEI Number

65-0689664

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

MOON, ARIF KASSIM
 1955 S RD 7
 HOLLYWOOD FL 33023

Name

MOON ARIF KASSIM

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

408 NW 68th AVE #507

PLANTATION

City

FL

Zip Code

33317

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.
 (See criteria on back) ☐

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 MOON, ARIF K
 1955 S RD 7
 HOLLYWOOD FL 33023 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DIRECTOR
 MOON ARIF K
 408 NW 68th AVE #507
 PLANTATION FL 33317 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DIRECTOR
 SHAHID KASIM
 408 NW 68th AVE #507
 PLANTATION FL 33317 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

MOON ARIF KASSIM - DIRECTOR

Shahid Kasim - DIRECTOR

4-2500 (954) 5841339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)