

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90310 017 ***158.75

DOCUMENT # **996000068387**
1. Entity Name **UNITED TECHAIDS, INC**
1955 S. STATE ROAD 7
HOLLYWOOD, FL 33023

DO NOT WRITE IN THIS SPACE

50043884

2. Principal Place of Business
1955 S. STATE Rd 7
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State

4. FEI Number
65-0689664

Applied For
Not Applicable

Zip
33023

Country
FLORIDA

Zip Country

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

7. Name and Address of Current Registered Agent

Name **PAUL THILEM**

Street Address (P.O. Box Number is Not Acceptable)
11844 NW 119th St

City **CORAL SPRINGS**

FL

Zip Code
33071

**DO NOT WRITE
IN THIS SPACE**

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 **Paul Thilem**
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PRESIDENT**
NAME **ARIF MOON**
STREET ADDRESS **1955 S. STATE Rd 7**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **VICE PRESIDENT**
NAME **M. HAMMAD ARIF**
STREET ADDRESS **932 NW 13th Ave**
CITY-ST-ZIP **Pembroke Pines FL 33023**

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

Daytime Phone #

CR2E034B (12/01)