

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079009

1. Entity Name
BISMILLAH INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90003 014 ***550.00

Principal Place of Business
8680 GRIFFIN ROAD
COOPER CITY FL 33328

Mailing Address
8680 GRIFFIN ROAD
COOPER CITY FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0699592

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAKHA, ZULFIQAR
8680 GRIFFIN ROAD
COOPER CITY FL 33328

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  (NOTE: Registered Agent signature required when reinstating)

9/3/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME LAKHA, ZULFIQAR
STREET ADDRESS 8680 GRIFFIN ROAD
CITY-ST-ZIP COOPER CITY FL 33328 ☒ Delete

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

TITLE VP
NAME APIF, MOHAMMED
STREET ADDRESS 8680 GRIFFIN ROAD
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

TITLE D
NAME ARIF, MOHAMMED
STREET ADDRESS 8680 GRIFFIN ROAD
CITY-ST-ZIP COOPER CITY FL 33328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/2000

DATE

Daytime Phone #

CR2E034 (5/00)