

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90042 018 ***150.00

DOCUMENT # P96000084578
1. Entity Name
 BHAJI SHAikh, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 2551 E. Atlantic Blvd same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Pompano Beach, Fl 33062 same
Zip **Country** **Zip** **Country**
 33062 USA 33062 USA

4. FEI Number **Applied For**
 65-0717230 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
 Monioudis, Perry D.
 4520 N. E. 18th Ave., #101
 Ft. Lauderdale, Fl 33334

7. Name and Address of New Registered Agent
 Name ~~AKHTAR HUSSAIN~~
 Street Address (P.O. Box Number is Not Applicable)
 2465 N. W. 7th St.
 City **FL** **Zip Code**
 Miami 33125

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 *X Akhtar Hussain* **AKHTAR HUSSAIN** **6-2-00**
 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

TITLE D NAME BHAJI, MOHAMMAD M. STREET ADDRESS 1776 W. Eagle Trace Blvd. CITY-ST-ZIP Coral Springs, Fl 33071	<input type="checkbox"/> Delete
TITLE D NAME BHAJI, NASREEN A. STREET ADDRESS 1776 W. Eagle Trace Blvd. CITY-ST-ZIP Coral Springs, Fl 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Akhtar Hussain* **AKHTAR HUSSAIN** **6/2/00** **(305) 541-2280**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)