04/27/2001 13:00 3058910112 DADE CTY BUS

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91592 042 ***150.00

DOCUMENT # P96000084578

1. Entity Name

BHAIJI SHAIKH, INC.

552167

Principal Place of Business	Mailing Address
2551 E. Atlantic Blvd. Pompano Beach, Fl 33062	2551 E. Atlantic Blvd. Pompano Beach, Fl 33062
1776 W. EAGLE TRACE BLVD CORAL SPRINGS FL-33071	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1776 W. EAGLE TRACE BLVD	1776 W EAGLE TRACE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAL SPRINGS	CORAL SPRINGS
City & State: FLORIDA	City & State: FLORIDA
Zip: 330 Country: U.S.A	Zip: 330 Country: U.S.A

4. FEI Number 65-0717230 ☐ 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
HUSSAIN, AKHTAR 2465 N. W. 7th St. Miami, Fl 33125	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 ______
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) ☐

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	D BHAIJI, MOHAMMAD M. 1776 W. Eagle Trace Blvd. Coral Springs, Fl 33071 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BHAIJI, NASREEN A. 1776 W. Eagle Trace Blvd. Coral Springs, Fl 33171 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01
Date Daytime Phone #