

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90292 037 \*\*\*150.00

**DOCUMENT # P97000002178****1. Entity Name****PAKARAIMA FIBER OPTICS, INC.****Principal Place of Business****Mailing Address**

7200 FAIRWAY DRIVE #H9 665 NW 118 ST 7200 FAIRWAY DRIVE #H9  
 MIAMI FL 33014 MIAMI FL 33168 MIAMI FL 33014

00000001



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

665 NW 118 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL 33168

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 65-0727784

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**

ALLY, MAHAMOOD  
 7200 - H9 FAIRWAY DRIVE  
 MIAMI FL 33014

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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          | PD                      | <input type="checkbox"/> Delete |
| NAME           | ALLY, MAHAMOOD          |                                 |
| STREET ADDRESS | 7200 - H9 FAIRWAY DRIVE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33014          |                                 |
| TITLE          | VSTD                    | <input type="checkbox"/> Delete |
| NAME           | ALLY, DEBORAH           |                                 |
| STREET ADDRESS | 7200 - H9 FAIRWAY DRIVE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33014          |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHAMOOD ALLY

3-16-01 305-688-9114

Date

Daytime Phone #

CR2E034 (10/00)