

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

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90118 040 ***158.75

DOCUMENT # *P97000002178*

1. Entity Name

Pakaraima Fiber Optics, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

665 NW 118 Street

3. Mailing Address

665 NW 118 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0727784

Applied For
Not Applicable

Zip
33168

Country
USA

Zip
33168

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mahmood, Ally

Street Address (P.O. Box Number is Not Acceptable)
665 NW 118 Street

City
Miami

FL Zip Code
33142

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)

May 1, 2002

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

Annual Fee: \$50.00
Annual Report Fee: \$50.00
Unfiled UBRs: \$6.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P; S and T
Mahmood Ally
665 NW 118 St
Miami, Florida 33168

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Ally 1, 2002

Date

305-688-9114

Daytime Phone #

CR2E034B (12/01)

Attachments

August 1, 2002

#P9900002178

Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Dear Sir or Madam:

Thank you for taking the time to assist me with my renewal process and advising me of the necessary steps to complete the process.

To date, I have not received the Uniform Business Report/Annual Report form from the State of Florida. As per your instructions, I have had the report downloaded and completed with the payment amount of \$158.75.

Your assistance is much appreciated.

Sincerely,


Mahamood Ally
President