

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-30-2001 90333 017 ***150.00

DOCUMENT # P97000012484

1. Entity Name

MADINA, INC.

Principal Place of Business

110 E BYRD AVE
 BONIFAY FL 32405
 US

Mailing Address

110 EAST BYRD AVENUE
 BONIFAY FL 32425
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3424454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WAHEED, MIAN ABDUL
110 EAST BYRD AVENUE
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name **AHMAD TARIQ ISMAIL**
 Street Address (P.O. Box Number is Not Acceptable)
110 E BYRD AVE
BONIFAY
 City **BONIFAY** FL Zip Code **32425**

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	P	<input type="checkbox"/> Delete
NAME	ISMAIL, AHMAD TARIQ	
STREET ADDRESS	110 EAST BYRD AVENUE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WAHEED, MIAN ABDUL	
STREET ADDRESS	110 EAST BYRD AVENUE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANEES, MOHAMMAD	
STREET ADDRESS	1652 BRICKYARD ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISMAIL, FATIMAAD	
STREET ADDRESS	RT. 1, BOX 35 WEEKS STREET	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANEES, KAUKAB	
STREET ADDRESS	1652 BRICKYARD ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
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	DV	
TITLE	ISMAIL, AASIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	110 E. BYRD AVE	
STREET ADDRESS	BONIFAY, FL 32425	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAHEED JAVARYA	
STREET ADDRESS	110 E BYRD AVE	
CITY-ST-ZIP	BONIFAY, FL 32425	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISMAIL HUMZA	
STREET ADDRESS	110 E BYRD AVE	
CITY-ST-ZIP	BONIFAY, FL 32425	

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

AHMAD ISMAIL 3.21.01 (850) 547-4799

Date

Daytime Phone #

CR2E034 (10/00)