

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014521

1. Entity Name

DAWN TRAVEL, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90011 001 \*\*\*150.00

Principal Place of Business

13150 SW 62 TERR  
#101  
MIAMI FL 33173

Mailing Address

13150 SW 62 TERR  
#101  
MIAMI FL 33173

2. Principal Place of Business

10300 S.W.72 STREET.

3. Mailing Address

10300 S.W.72 STREET.

Suite, Apt. #, etc.

# 300

Suite, Apt. #, etc.

# 300

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33173

Country

U S A

Zip

33173

Country

U S A



DO NOT WRITE IN THIS SPACE

4. FEI Number

~~65-0799157~~

Applied For

65-0929027

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AHMED, MUBARIK  
13150 SW 62 TERR  
#101  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

AHMED MUBARIK

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

10300 S.W.72 STREET # 300

City

MIAMI

FL

Zip Code  
33173

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

*Mubarik Ahmed*

MUBARIK AHMED, (PRESIDENT)

21 JAN, 2001

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	PSD	<input type="checkbox"/> Delete
NAME	AHMED, MUBARIK	
STREET ADDRESS	13150 SW 62ND TERR #101	
CITY-ST-ZIP	MIAMI FL	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MUBARIK AHMED	
STREET ADDRESS	10300 S.W.72 STREET # 300	
CITY-ST-ZIP	MIAMI FLORIDA 33173 (USA)	
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	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, MUBARIK	
STREET ADDRESS	10300 S.W.72 STREET # 300	
CITY-ST-ZIP	MIAMI, FLORIDA. 33173 (USA)	
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:

*Mubarik Ahmed*

MUBARIK AHMED (PRESIDENT)

21 JAN 01

305  
279-0403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

3/11/97 TUE 21:33 FAX 770 455 2660

TELE TIN

0001

807300

P 9700004521

DATE MAR 11 1997

## FACSIMILE TRANSMISSION



INTERNAL REVENUE SERVICE  
Atlanta Service Center  
PO Box 47-421  
Tele-TIN Unit Stop 751  
Doraville, Ga 30362

NAME AND TITLE

FAX NUMBER

MUBARIK-AHMED--(PRESIDENT)

(305)279-0228

COMPANY NAME AND THE EMPLOYER IDENTIFICATION NUMBER FOR:

DAWN TRAVEL INC. (MIAMI, FLA.)

65-0929027

TOTAL NUMBER OF PAGES INCLUDING THIS COVER SHEET 1

IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL US AS SOON AS  
POSSIBLE AT 770-455-2857 OR 770-455-2860 OR  
FAX NUMBER IS 770-455-2660.

COMMENTS:

YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER  
IDENTIFICATION NUMBER WITHIN 30 DAYS.

### CAUTION:

THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND MAY CONTAIN  
INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE  
REASONS OF THIS COMMUNICATION IS NOT THE ADDRESSEE, YOU ARE REQUESTED TO NOTIFY THE EMPLOYEE OR AGENT FOR DELIVERING THE  
COMMUNICATION TO THE ADDRESSEE IMMEDIATELY. YOU ARE REQUESTED TO NOTIFY THE EMPLOYEE OR AGENT FOR DELIVERING THE  
COMMUNICATION TO THE ADDRESSEE IMMEDIATELY. IF YOU HAVE RECEIVED THIS COMMUNICATION IN  
ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE CALL, AND RETURN THE COMMUNICATION TO THE ADDRESS  
ABOVE VIA THE OFFICE PLACES POSTAL SERVICE. THANK YOU.