

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026995

1. Entity Name

HANIYA & ASSOCIATES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90184 034 ***150.00

Principal Place of Business

Mailing Address

8911 WEST OAKLNAD PARK BLVD
SUNRISE FL 33351

8911 WEST OAKLNAD PARK BLVD
SUNRISE FL 33351

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 65-0748894

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

SYED, IRFANULLAH
8911 WEST OAKLNAD PARK BLVD
SUNRISE FL 33351

Name

Baq, Mirza Shams

Street Address (P.O. Box Number, if Not Applicable)

1800 N Andrews Apt 1-D

City

Fort Lauderdale

FL

Zip Code

33311

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SYED, IRFANULLAH
STREET ADDRESS 8751 NW 36 ST APT 208
CITY-ST-ZIP SUNRISE FL 33351 ☒ Delete

TITLE D, P
NAME Baq, Mirza Shams ☐ Change ☒ Addition
STREET ADDRESS 1800 N Andrews Apt 1-D
CITY-ST-ZIP Fort Lauderdale FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D, VP
NAME Qamar Hason ☐ Change ☒ Addition
STREET ADDRESS 1800 N Andrews Apt 1-D
CITY-ST-ZIP Fort Lauderdale FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D, ST
NAME GAWED AL KALHORO ☐ Change ☒ Addition
STREET ADDRESS 1800 N Andrews Apt 1-D
CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

04/26/00 (954) 749-0302

CR2E034 (9/99)