

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90259 042 \*\*\*150.00

**DOCUMENT # P97000030512**

1. Entity Name

AL FIDAI CORPORATION



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2412 TAYLOR ST

3. Mailing Address  
2412 TAYLOR ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HOLLYWOOD FL

City & State  
HOLLYWOOD FL

4. FEI Number 65-0783910

Applied For  
Not Applicable

Zip  
33020

Country

Zip  
33020

Country

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 LALANI, ANWARALI N

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

15651 SW 24 ST

City MIRAMAR

FL Zip Code 33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature required on printed name of registered agent and filed if applicable

(Not for Registered Agent Signature required when submitting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LALANI, ANWARALI N  
STREET ADDRESS 15651 SW 24 ST, MIRAMAR, FL 33027  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE STD  
NAME LALANI, CARMENCITA  
STREET ADDRESS 15651 SW 24 ST, MIRAMAR, FL 33027  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE -VD  
NAME LALANI, MEHDI H  
STREET ADDRESS 2473 SW 162 AVE, MIRAMAR, FL 33027  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: x

*Mehdi Lalani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 954-927-1419

Date

Business Phone #

CR2E034B (12/02)