

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036412

1. Entity Name

CONGRESS INVESTMENTS INC

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90011 039 ***150.00

Principal Place of Business

4469 S CONGRESS AVENUE
112 & 113
LAKE WORTH FL 33461
US

Mailing Address

7549 BRUNSON CIRCLE
LAKE WORTH FL 33467

Pl cong Mailing Address

2. Principal Place of Business

3. Mailing Address

4469 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

City & State

City & State

Lake Worth, FL

Zip

Country

Zip

33461

Country

4. FEI Number

65-0752635

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

AHMED, KAZI
7549 BRUNSON CIRCLE
LAKE WORTH FL 33467

Name

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

City

FL

Zip Code

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]

HARON SULAIMAN

4/9/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	AHMED, KAZI	
STREET ADDRESS	7549 BRUNSON CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	P	<input type="checkbox"/> Delete
NAME	SULAIMAN, HARON	
STREET ADDRESS	4469 S CONGRESS AVE #112	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

(561) 963-5555

Daytime Phone #

CR2E034 (10/00)