

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
98-99 AR
DOCUMENT # **997660048161**
Name of Corporation
USD, Inc.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 25 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
6226 SW 7th St.
MARGATE
FL 33068

Check one box indicating how you are correcting information and enter correction below
1. Incorrect information entered through incorrect information and enter correction below
2. New Mailing Office Address, if Applicable

3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida 5/29/97
State, Apt. #, etc.	5. FEI Number 65-0754954
City & State	Applied For ☐ Not Applicable ☐
Country	6. CERTIFICATE OF STATUS DESIRED ☐
Zip	Additional Fee required for Certificate of Status ☐
Country	

Provide Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRESIDENT SABINA YEASMIN	6226 SW 7TH STREET	MARGATE FL 33068
V.P. DALWAR PATWARY	400 NW 65TH AVE #201	MARGATE FL 33068

98-99 AR **100002977821--3**
-09/02/99--01105--018
*****300.00 ***300.00**

8. Name and Address of Current Registered Agent

Nazir Ahmad
6040 N.W. 44 Lane
Coconut Creek, FL 33073

9. Name and Address of New Registered Agent

Name
NAZIR AHMAD
Street Address (P.O. Box Number is Not Acceptable)
6226 SW 7TH ST.
Suite, Apt. #, Etc.
MARGATE FL 33068
City
FL State Zip Code
FL

Nazir Ahmad
REGISTERED AGENT MUST SIGN

Date **8-17-99**

This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

I, the undersigned, an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., further certify that when filing this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees and taxes due have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(c), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SABINA YEASMIN** **sabina yeasmin** **8-17-99** **(54) 974-4940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(954) 977-4707

DIVISION OF CORPORATIONS

P. O. BOX 6027

TALLAHASSEE, FL 32314.

I WOULD LIKE TO INFORM YOU
THAT BECAUSE OF I DID NOT RECEIVED ANY
REINSTATEMENT FORM, THEREFOR I COULD NOT APPLY
FOR REINSTATE FOR OUR CORPORATIONS.

ALSO AS A NEW & YOUNG KNOWLEDGE IN
BUSINESS WE DID NOT KNOW THAT EVERY
YEAR WE HAVE TO APPLY FOR REINSTATE.

WE APOLOGIZED TO YOU, PLEASE
FORGIVE US A PENALTY FOR REINSTATE.
LAST TWO YEARS HE DID NOT MADE MONEY
IN BUSINESS.

THANK YOU.

NAZIR AHMAD

Resident

6226, SW 7 ST.

MARGATE.

FL - 33068.

Dcty

8/17/99