

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-19-2001 90052 036 ***150.00

DOCUMENT # P97000077946

1. Entity Name

POWER 99 DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

5500 N.W. 161ST ST
 MIAMI FL 33014
 US

5500 N.W. 161ST ST
 MIAMI FL 33014
 US

2. Principal Place of Business

3. Mailing Address

5407 N.W. 163rd ST
 Suite, Apt. #, etc.

5407 N.W. 163rd ST
 Suite, Apt. #, etc.

City & State

City & State

Miami Fla.

Miami Fla.

Zip 33014

Country USA

Zip 33014

Country USA

4. FEI Number 65-0393110

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

CHAGANI, FIRDOUS
 5500 NW 161 ST
 MIAMI FL 33014

Name

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

City

Miami

FL

Zip Code

33014

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, 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	PSD	<input type="checkbox"/> Delete
NAME	CHAGANI, FIRDOUS	
STREET ADDRESS	15048 NW 7 AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CHARANIA, SAMEER	
STREET ADDRESS	15048 NW 7 AVE	
CITY-ST-ZIP	MIAMI FL 33168	
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		

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	CHARANIA MAHMOOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15048 N.W. 7 th Ave	
STREET ADDRESS	Miami FL 33168	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

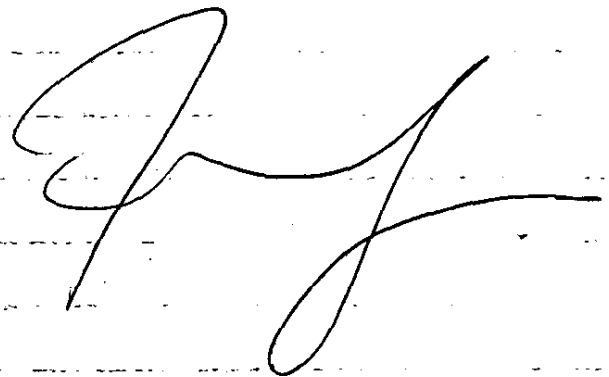
Daytime Phone #

3/13/01 (305) 494-810

CR2E034 (10/00)

Attachment Doc # P97000077946
Officers & titles 34860

- 1) CHAGANI FIRDOUS
President
- 2) CHARANIA SAMEER
V. President
- 3, CHAKANIA MAHMUD
Secretary

A large, stylized handwritten signature in black ink, located at the bottom right of the page. The signature is fluid and cursive, with a prominent loop at the end.