

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

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90266 043 \*\*\*150.00

DOCUMENT # **P98000001625**

1. Entity Name  
**AFFORDABLE IMPORTS, INC.**



**DO NOT WRITE IN THIS SPACE**

**20046108**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13014 N DALE MARRY HWY**

3. Mailing Address  
**P.O. Box 274014**

Suite, Apt. #, etc.  
**210**

Suite, Apt. #, etc.

City & State  
**TAMPA Florida**

City & State  
**TAMPA Florida**

4. FEI Number  
**59-3508644**

Applied For  
Not Applicable

Zip  
**33618**

Country  
**HILLSBOROUGH**

Zip  
**33688**

Country  
**HILLSBOROUGH**

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  
**TAUQEER JAFFRY**

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

**13014 N DALE MARRY #210**

City  
**TAMPA**

FL

Zip Code  
**33618**

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, typed or printed name of registered agent and title if applicable

NOTE: If a new agent signature is required when reinstating

DATE

*Tauqeer Jaffry*

**4/22/05**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
TAUQEER JAFFRY (33618)  
13014 N DALE MARRY #210  
TAMPA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
NAFISA ICHATOON  
13014 N DALE MARRY #210  
TAMPA Florida 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tauqeer Jaffry*

**4/22/05**

CR2E034B (12/02)