

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90021 007 ***150.00

DOCUMENT # P98000006207

1. Entity Name
SUB MASTERS OF BROWARD, INC.



Principal Place of Business

**4002 SW 64 AVE
DAVIE, FL 33314**

Mailing Address

**4002 SW 64 AVE
DAVIE, FL 33314**

40116144



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0805561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALI, SYED A
15092 SW 17 STREET
DAVIE, FL 33026**

**DO NOT WRITE
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**D
ALI, SYED A
1509 SW 17 STREET
DAVIE, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SAEED, ARSHAD
7401 SW 20 PLACE
DAVIE, FL 33314** *4706 Lakeside Circle East
Davie, FL 33314*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BAKALI, MOHAMMED S
12121 NW 51 CT
CORAL SPRINGS, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BAKALI, MOHAMMED U
1830 SW 81 TERR
DAVIE, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 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

Director

Date

5-1-07

Daytime Phone #