

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91487 010 ***163.75

DOCUMENT # P98000043754

1. Entity Name
ALAM ENTERPRISES, INC.

Principal Place of Business
**100 SOUTHWEST 69TH TERRACE
 PEMBROKE PINES FL 33023.**

Mailing Address
**100 SOUTHWEST 69TH TERRACE
 PEMBROKE PINES FL 33023**



2. Principal Place of Business
**1155 SW MARTIN
 DOWNS BLVD.**

3. Mailing Address
**1155 S.W.
 MARTIN DOWNS BOULEVARD**

Suite, Apt. #, etc.
PALM CITY, FL

Suite, Apt. #, etc.
PALM CITY, FL

DO NOT WRITE IN THIS SPACE

City & State
PALM CITY, FL

City & State
PALM CITY, FL

4. FEI Number
65-0835212

Applied For
 Not Applicable

Zip
34990

Country
USA

Zip
34990

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNIR, MOHAMAD
 1155 S.E. MARTIN DOWNS BOULEVARD
 PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name **MOHAMAD MUNIR**

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

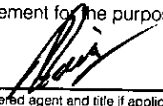
1155 S.W. MARTIN DOWNS BLVD.

City **PALM CITY,**

FL

Zip Code
34990

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)

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	MUNIR, MOHAMAD	100 SOUTHWEST 69TH TERRACE	PEMBROKE PINES FL 33023	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	MOHAMAD MUNIR	1155 SW MARTIN DOWNS BLVD.	PALM CITY, FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	ABDUL BASIT MUNIR	1155 SW. MARTIN DOWNS BLVD.	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/17/02** Daytime Phone # **561-287-5269**