

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90129 025 ***150.00

DOCUMENT # P98000044592

1. Entity Name

Fawad, Inc.

Principal Place of Business

750 S. Orange Blossom Tr. Suite 225
 Orlando, FL 32805

Mailing Address

750 S. Orange Blossom Tr. Suite 225
 Orlando, FL 32805

2. Principal Place of Business

7204 S. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Address

7204 S. Dixie Highway

Suite, Apt. #, etc.

City & State

West Palm Bch., FL

City & State

West Palm Bch., FL

4. FEI Number

59-3512586

Applied For

Not Applicable

Zip

33405

Country

USA

Zip

33405

Country

USA

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

Fawad M. Arif
 3700 Curry Ford Road
 Unit #X32
 Orlando, FL 32806

Name

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

City

FL

Zip Code

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	Name & Address	Title
NAME	ARIF, FAWAD M	
STREET ADDRESS	10164 NW 31ST COURT	DP
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	GHANIWALA, WAHID	
NAME	13036 NW 14TH STREET	DV
STREET ADDRESS	PEMBROKE PINES FL 33028	
CITY-ST-ZIP		
TITLE	ABID, ABDUL	
NAME	10164 NW 31ST STREET	DV
STREET ADDRESS	SUNRISE FL 33351	
CITY-ST-ZIP		

TITLE	BAKALI, MOHAMMED S	
NAME	2863 SW 13TH DRIVE	DS
STREET ADDRESS	DEERFIELD BEACH FL 33442	
CITY-ST-ZIP		
TITLE	MOTEN, ANWAR	
NAME	2863 SW 13TH DRIVE	DT
STREET ADDRESS	DEERFIELD BEACH FL 33442	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #

CR2E034 (11/00)