

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044592

1. Entity Name
FAWAD, INC.

Principal Place of Business
7204 S. DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address
7204 S. DIXIE HWY
WEST PALM BEACH FL 33405

02-20-2002 90150 029 ***150.00

02 APR 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

108072



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3512586

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

ARIF, FAWAD M
3700 CURRY FORD ROAD
UNIT #X32
ORLANDO FL 32806

Name

Street

City

FL

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 re-registering)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☐ Delete
NAME	ARIF, FAWAD M	
STREET ADDRESS	10164 NW 31ST COURT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DV	☐ Delete
NAME	GHANIWALA, WAHID	
STREET ADDRESS	13036 NW 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	DV	☐ Delete
NAME	ABID, ABDUL	
STREET ADDRESS	10164 NW 31ST STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DS	☐ Delete
NAME	BAKALI, MOHAMMED S	
STREET ADDRESS	2803 SW 13TH DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DT	☐ Delete
NAME	MOTEN, ANWAR	
STREET ADDRESS	2803 SW 13TH DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	FDRI'S MYSONE WALA	
STREET ADDRESS	19420 N.W. 3RD CT	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	D	☐ Change ☒ Addition
NAME	ANWER MYSONE WALA	
STREET ADDRESS	19420 N.W. 3RD CT	
CITY-ST-ZIP	Pembroke Pines, FLA 33029	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Arif Fawad M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

Daytime Phone #

CR2E034 (9/01)