

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057106

1. Entity Name

A & M INVESTMENTS # 405W, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90150 043 \*\*\*150.00

Principal Place of Business

1701 S.W. 12TH AVENUE  
BOCA RATON FL 33486  
US

Mailing Address

1701 S.W. 12TH AVENUE  
BOCA RATON FL 33486  
US

00048558



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1284 W. Palmetto Park Rd  
Suite 101 south  
Boca Raton, FL  
33433

3. Mailing Address

1284 W. Palmetto Park Rd  
Suite 101 south  
Boca Raton, FL  
33433

4. FEI Number 65-0845968

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAZA, SYED M  
1701 S.W. 12TH AVENUE  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Raza, Syed M.  
1284 W. Palmetto Park Road  
Suite 101 south  
Boca Raton FL 33433

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

*Ali Jafari*

ALI JAFERI

4/25/01

(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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAZA, SYED M	
STREET ADDRESS	1701 S.W. 12TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAFERI, ALI M	
STREET ADDRESS	1701 SW 12TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raza, Syed M.	
STREET ADDRESS	1284 W. Palmetto Park Road, Suite 101 south	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jafari, Ali M.	
STREET ADDRESS	1284 W. Palmetto Park Road, Suite 101 south	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 registered 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, email or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALI JAFERI

4/25/01 (561)392-9450

Date

Daytime Phone #

CR2E034 (10/00)

0328816