

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90228 015 \*\*\*550.00

041457 AV

DOCUMENT # P98000069362

1. Entity Name

COMMUNITY INVESTMENTS GROUP INC. OF TAMPA

*(Handwritten mark)*

Principal Place of Business

11310 GRANDVIEW DRIVE  
 DADE CITY FL 33525

Mailing Address

11310 GRANDVIEW DRIVE  
 DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3524951

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

KHAN, WALI U  
 11310 GRANDVIEW DRIVE  
 DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name HUSEN  
 ALTAFA BUKHARI  
 Street Address (P.O. Box Number is Not Acceptable)  
 2204 CLIMBING IVY  
 TAMPA  
 City TAMPA FL Zip Code 33618

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

*(Handwritten signature)*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/02

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KHAN, WALI U	
STREET ADDRESS	11310 GRANDVIEW DRIVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALTAFAHUSEN, BUKHARI	
STREET ADDRESS	2204 CLIMBING IVY DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARIAN, MALIK DR.	
STREET ADDRESS	4002 PLANT AVENUE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	BD	<input type="checkbox"/> Delete
NAME	NAGAMIYA, HUSAIN DR.	
STREET ADDRESS	94 MARTINIQUE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	BDR	<input type="checkbox"/> Delete
NAME	KHAN, ZAHIR DR.	
STREET ADDRESS	405 N PLANT AVENUE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	BD	<input type="checkbox"/> Delete
NAME	HAFIZ, JAVED DR.	
STREET ADDRESS	6103 MARBELLA BOULEVARD	
CITY-ST-ZIP	APOLLO BEACH FL 33572	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ARIAN, MALIK (PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4002 PLANT AVE	
CITY-ST-ZIP	PLANT CITY, FL. 33567	
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 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:

*(Handwritten signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02

Date

(352) 5676299

Daytime Phone #

CR2E034 (9/01)