

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~XXXXXXXXXX~~ P98000088323

1. Entity Name
HART V CORPORATION ✓

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90100 033 ***150.00

Principal Place of Business Mailing Address
10754 CORAL WAY 10754 CORAL WAY
MIAMI, FL 33165 MIAMI, FL 33165

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 **65-0883249** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

741091

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALAMGJR BASHIR
10754 CORAL WAY
MIAMI, FL 33165

7. Name and Address of New Registered Agent
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 **Alg-R** DATE **4/26/00**
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, 2000 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 ASD	ALAMGJR BASHIR <input type="checkbox"/> Delete	
NAME	10754 CORAL WAY	
STREET ADDRESS	MIAMI, FL 33165	
CITY-ST-ZIP		
TITLE D	IRFAN ABID <input type="checkbox"/> Delete	
NAME	10754 CORAL WAY	
STREET ADDRESS	MIAMI, FL 33165	
CITY-ST-ZIP		
TITLE D	WASEEM RAFIQ <input type="checkbox"/> Delete	
NAME	10754 CORAL WAY	
STREET ADDRESS	MIAMI, FL 33165	
CITY-ST-ZIP		
TITLE D	JAMIL AHMED <input type="checkbox"/> Delete	
NAME	10754 CORAL WAY	
STREET ADDRESS	MIAMI, FL 33165	
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		<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		
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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: **Alg-R** DATE **4/26/00** (305) 225-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)