

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2001 90150 040 \*\*\*150.00

**DOCUMENT # P98000089812**

1. Entity Name

**A & M EQUIPMENT #405, INC.**

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

UUU48961



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1284 W. Palmetto Park Road

Suite/Apt. #, etc.

Suite 101 south

City & State

Boca Raton, FL

Zip 33433

Country

Palm Beach

3. Mailing Address

1284 W. Palmetto Park Rd.

Suite/Apt. #, etc.

Suite 101 south

City & State

Boca Raton, FL

Zip 33433

Country

Palm Beach

4. FEI Number

65-0872009

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

Street Address (FEI Uniform Number is Not Acceptable)

1284 W. Palmetto Park Road, Suite 101 south

City

Boca Raton

FL

Zip Code

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

*[Signature]*

**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** ☒ Delete  
 NAME **RAZA, SYED M**  
 STREET ADDRESS **1701 S.W. 12TH AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PD** ☒ Delete  
 NAME **SAFERI, ALI M**  
 STREET ADDRESS **1701 SW 12TH AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **Raza, Syed M.**  
 STREET ADDRESS **1284 W. Palmetto Park Road, Suite 101 south**  
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Jafari, Ali M.**  
 STREET ADDRESS **1284 W. Palmetto Park Road, Suite 101 south**  
 CITY-ST-ZIP **Boca Raton, FL 33433**

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

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, e-mail, or other like empowered.

SIGNATURE:

*[Signature]*

**ALI JAFERI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (561)392-9450  
 Date Daytime Phone #

0329199

CR2E03(0,0/00)