

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094708

1. Entity Name

ALL-TIME COURIER, INC.

Principal Place of Business

5394 HOFFNER AVE  
STE F  
ORLANDO FL 32812

Mailing Address

5394 HOFFNER AVE  
STE F  
ORLANDO FL 32812  
SAME

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 59-3541275

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

CHATOO, JABIR  
5394 HOFFNER AVE  
STE F  
ORLANDO FL 32812

AKIL A. JAFFER  
1345 PINE AVE  
STE E  
ORLANDO, FL 32824

Name

AKIL A. JAFFER

Street Address (P.O. Box Number is Not Acceptable)

1345 PINE AVE

SUITE E

City

ORLANDO

FL

Zip Code

32824

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME JAFFER, AKIL A  
STREET ADDRESS 406 WINGBACK CT  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE V ☒ Delete  
NAME JABIR, CHATOO  
STREET ADDRESS 758 POWDERHORN CIRCLE  
CITY-ST-ZIP LAKE MARY FL 32746

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

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

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AKIL AKBER JAFFER

4-28-01

Date

407-854-3430

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90091 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0067601

CR2E034 (10/00)