

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90228 019 ***150.00

DOCUMENT # P98000097869

1. Entity Name
MEHRUN, INC.

Principal Place of Business

3177 N. STATE ROAD 7
BAY #9
MARGATE FL 33063

Mailing Address

3177 N. STATE ROAD 7
BAY #9
MARGATE FL 33063

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
65-0877076

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAJID, SHAFI
3177 N. STATE ROAD 7
BAY #9
MARGATE FL 33063

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

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, 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 PD ☐ Delete
NAME AZIZ, MAHMOOD
STREET ADDRESS 3177 N. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE VPD ☐ Delete
NAME MAJID, AFZAL
STREET ADDRESS 3177 N. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE VPD ☐ Delete
NAME MAJID, SHAFI
STREET ADDRESS 3177 N. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE SD ☐ Delete
NAME AZIZ, AKHTER
STREET ADDRESS 3177 N. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE V ☐ Delete
NAME DADA, KHATOON
STREET ADDRESS 3177 N STATE ROAD #7
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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, with all other line empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Jan. 23.02 971-1975

CR2E034 (9/01)