

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-02-2001 90080 022 ***150.00

DOCUMENT # **P98 0000 98873**

1. Entity Name

DAWOOD FARMS, Corp.

Principal Place of Business

Mailing Address

**9417 P.W 54th Doral Circle Lane
MIAMI, FL 33178**

**9417 P.W 54th Doral Circle Lane
MIAMI, FL 33178**

2. Principal Place of Business

9417 P.W 54th Doral Circle Lane

3. Mailing Address

9417 P.W 54th Doral Circle Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0879383

Applied For

Not Applicable

Zip

33178

Country

DADE

Zip

33178

Country

DADE

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

Name

MOHAMED MAPSSUD A. LATIF

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

9417 P.W 54th Doral Circle Lane

City

MIAMI

FL

Zip Code

33178

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]

(NOTE: Registered Agent signature required when reinstating)

03/26/01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	MOHAMED MAPSSUD ABDUL LATIF
CITY-ST-ZIP	9417 P.W 54th Doral Circle Lane MIAMI, FL 33178
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE-PRESIDENT
STREET ADDRESS	MOHAMED YOUSUF LATIF
CITY-ST-ZIP	9417 P.W 54th Doral Circle Lane MIAMI, FL 33178
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY & TREASURER
STREET ADDRESS	MOHAMED AMIN ABDUL LATIF
CITY-ST-ZIP	9417 P.W 54th Doral Circle Lane MIAMI, FL 33178
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:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MOHAMED MAPSSUD ABDUL LATIF

03/26/01

Date

(305) 599-6525

Daytime Phone #

CR2E034 (1/1/00)