

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000006828

1. Entity Name

FOYAKS GROUP OF COMPANIES, INC.

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90113 028 \*\*\*150.00

Principal Place of Business

Mailing Address

3300 SW 96TH TERR.  
MIRAMAR FL 33025

3300 SW 96TH TERR.  
MIRAMAR FL 33025-2331

2. Principal Place of Business

3300 S.W. 96 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

3300 S.W. 96 TERRACE

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33025

Country

U.S.A.

Zip

33025

Country

U.S.A.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JASPER P JR.  
15700 NW 17TH CT.  
MIAMI FL 33054

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, typewritten name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|         |                             |                |
|---------|-----------------------------|----------------|
| ADDRESS | MUHAMMAD ABULKAREEM         | Delete         |
| ST-ZIP  | 3300 SW 96 TERRACE          | TREASURER      |
|         | MIRAMAR FL 33025            | PRESIDENT      |
| ADDRESS | KAREEMOT. A. ABULKAREEM     | Delete         |
| ST-ZIP  | 3300 SW 96 TERRACE, MIRAMAR |                |
|         | FL 33025                    | VICE PRESIDENT |
|         |                             | SECRETARY      |
| ADDRESS |                             | Delete         |
| ST-ZIP  |                             |                |
| ADDRESS |                             | Delete         |
| ST-ZIP  |                             |                |
| ADDRESS |                             | Delete         |
| ST-ZIP  |                             |                |
| ADDRESS |                             | Delete         |
| 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    |  |   |
| 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    |  |   |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

(954) 431-9703

Daytime Phone #

CR2E034 (9/99)