

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90225 043 \*\*\*150.00



**DOCUMENT # P99000007455**

**1. Entity Name**  
**M D & R ALLY COMPANY**

**Principal Place of Business**  
**186-10 SW 94TH COURT**  
**MIAMI FL 33157**

**Mailing Address**  
**186-10 SW 94TH COURT**  
**MIAMI FL 33157**

**DELETE!!!**



**XXXCHECK HERE IF MAKING CHANGES**

**2. Principal Place of Business**  
**11373 SW 211th STREET**

**3. Mailing Address**  
**111373 SW 211th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**MIAMI, FLORIDA**

**City & State**  
**MIAMI, FLORIDA**

**4. FEI Number**  
**65-0897087**

**Applied For**  
**Not Applicable**

**Zip**  
**33189**

**Country**  
**DADE**

**Zip**  
**33189**

**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**

**ALLY, BIBI**  
**186-10 SW 94TH COURT**  
**MIAMI FL 33157**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **ALLY, MOHAMMED**  
**CITY-ST-ZIP** **16715 SW 100TH CT**  
**MIAMI FL 33157**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **ALLY, BIBI**  
**CITY-ST-ZIP** **186-10 SW 94TH COURT**  
**MIAMI FL 33157**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **ALLY, RAHAMAT**  
**CITY-ST-ZIP** **16715 SW 100TH CT**  
**MIAMI FL 33157**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **ALLY, ASLIM RAFI**  
**CITY-ST-ZIP** **186-10 SW 94TH COURT**  
**MIAMI FL 33157**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **D**  
**STREET ADDRESS** **SAIRBANO, ALLY**  
**CITY-ST-ZIP** **16715 SW 100TH CT**  
**MIAMI FL 33157**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Bibi Ally* **ALLY, BIBI** **DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/28/2003**

**(305) 278-1152**

Date

Daytime Phone #

CR2E034 (10/02)