

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90076 047 ***150.00

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1. Entity Name
STAAH ENTERPRISES, INC.



Principal Place of Business
**14099 GULF BLVD.
MADEIRA FL 33708**

Mailing Address
**95-25 QUEENS BLVD.
SUITE 704
REGO PARK NY 11374**



2. Principal Place of Business

3. Mailing Address

400 ANCHOR AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCEANSIDE NY

Zip

Country

Zip

Country

11572

USA

4. FEI Number **58-2464196**

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

**BURNS, PAUL J
12525 WALSINGHAM RD.
LARGO FL 33774**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BANDUKRA, SABIHA**
STREET ADDRESS **24 MARGIE ST**
CITY-ST-ZIP **OCEANSIDE NY 11572**

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

TITLE **D** ☐ Delete
NAME **HIMANI, SABINA**
STREET ADDRESS **10 POLE DRIVE**
CITY-ST-ZIP **OLD WESTBURY NY 11568**

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

TITLE **D** ☐ Delete
NAME **KAPOOR, SANEH**
STREET ADDRESS **171 SOUNDVIEW DRIVE**
CITY-ST-ZIP **PORT WASHINGTON NY 11050**

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

TITLE **D** ☐ Delete
NAME **SHAH, SULEMAN**
STREET ADDRESS **8 LANDING COURT**
CITY-ST-ZIP **DIXHILLS NY 11746**

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

TITLE **D** ☐ Delete
NAME **TAUFIQ, SAL**
STREET ADDRESS **203-176 AVE EAST**
CITY-ST-ZIP **REDINGDON SHORE FL 33708**

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:

STAAH ENTERPRISES, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)