

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034369

1. Entity Name

URDU TIMES ADVERTISING INC.

Principal Place of Business

3121 NW 47 TERRACE, #318
LAUDERDALE LAKES FL 33319

Mailing Address

3121 NW 47 TERRACE, #318
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

3121 N.W. 47th TERR

Suite, Apt. #, etc.

318

3. Mailing Address

3121 N.W. 47th TERR

Suite, Apt. #, etc.

318

City & State

LAUDERDALE LAKES

City & State

LAUDERDALE LAKES

Zip

FL 33319

Country

U.S.A.

Zip

FL 33319

Country

USA

6. Name and Address of Current Registered Agent

AKHTAR, MASOOD
3121 NW 47 TERRACE, #318
LAUDERDALE LAKES FL 33319

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 of the current 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, 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 ☐ Delete
NAME P
STREET ADDRESS AKHTAR, MASOOD
CITY-ST-ZIP 3121 NW 47TH TERR 318
FORT LAUDERDALE FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90220 013 ***150.00

700150



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0263822

4-26-01 (954) 731-6200