

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90046 035 \*\*\*150.00

DOCUMENT # P99000042358

1. Entity Name

M-J- MEMON, INC.

Principal Place of Business

Mailing Address

4205 N. UNIVERSITY DR. #214  
SUNRISE FL 33351

4205 N. UNIVERSITY DR. #214  
SUNRISE FL 33351-6227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0925317

☒ 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

JAWED, MOHAMMAD  
4205 N. UNIVERSITY DR. #214  
SUNRISE FL 33351

Name

JAWED, MOHAMMAD

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

9534 N.W. 52nd Manor

City

SUNRISE

FL

Zip Code

33351

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, typed or printed name of 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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JAWED, MOHAMMAD  
STREET ADDRESS 4205 N. UNIVERSITY DR. #214  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE P  
NAME JAWED, MOHAMMAD ☒ Change ☐ Addition  
STREET ADDRESS 9534 N.W. 52nd Manor  
CITY-ST-ZIP SUNRISE FL 33351

TITLE D  
NAME BANO, SHAMIM  
STREET ADDRESS 4205 N. UNIVERSITY DR. #214  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE D  
NAME BANO, SHAMIM ☒ Change ☐ Addition  
STREET ADDRESS 9534 N.W. 52nd Manor  
CITY-ST-ZIP SUNRISE FL 33351

TITLE S  
NAME GHAFAR, ABDUL  
STREET ADDRESS 4205 N. UNIVERSITY DR. #214  
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE S  
NAME GHAFAR, ABDUL ☒ Change ☐ Addition  
STREET ADDRESS 9534 N.W. 52nd Manor  
CITY-ST-ZIP SUNRISE FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 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 #