

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90053 035 ***150.00

DOCUMENT # P99000047539

1. Entity Name
599, INC.

Principal Place of Business
**600 BRICKELL AVE.,#165
 MIAMI FL 33131**

Mailing Address
**600 BRICKELL AVE.,#165
 MIAMI FL 33131-2522**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0928729

Applied For
 Not Applicable

Zip Country

Zip Country

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

**HUSSAIN, SHABBIR
 600 BRICKELL AVE.,#165
 MIAMI FL 33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	HUSSAIN, SHABBIR	
STREET ADDRESS	600 BRICKELL AVE.,#165	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUSSAIN, MUMPAZ	
STREET ADDRESS	600 BRICKELL AVE.,#165	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	IDREES, MUHAMMED	
STREET ADDRESS	600 BRICKELL AVE.,#165	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	IDREES, SAMINA	
STREET ADDRESS	600 BRICKELL AVE.,#165	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* Date: 3/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

MUHAMMAD IDREES

CR2E014 (9/99)