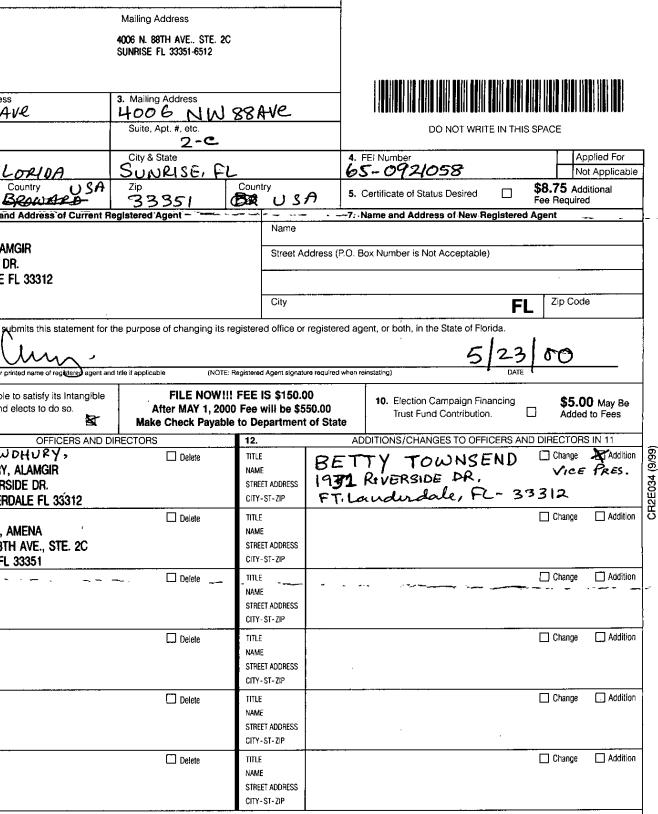
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000051911** MAASAAM INVESTMENTS & FUNDING, INC. Principal Place of Business Mailing Address 4006 N. 88TH AVE., STE. 2C 4006 N. 88TH AVE., STE. 2C SUNRISE FL 33351 SUNRISE FL 33351-6512 2. Principal Place of Business 3. Mailing Address 4006 NW 88AVE 4006 Suite, Apt. #, etc. Suite, Apt. #, etc. 2-0 2-0 City & State City & State <u>un</u>ris UNRISE Country Zip USA 6. Name and Address of Current Registered Agent Name

Jun 05, 2000 8:00 am **Secretary of State**

06-05-2000 90028 031 ***150.00



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.

LAMGIR CHOWDHURY

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

STREET ADDRESS

STREET ADDRESS

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NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

SIGNATURE:

CHOWHURY, ALAMGIR

9. This corporation is eligible to satisfy its Intangible

CHOWDHURY,

FT. LAUDERDALE FL 33312

4006 N. 88TH AVE., STE. 2C

CHOWJURY, ALAMGIR

1927 RIVERSIDE DR.

KHATOON, AMENA

SUNRISE FL 33351

Tax filing requirement and elects to do so.

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

OFFICERS AND DIRECTORS

1927 RIVERSIDE DR. FT. LAUDERDALE FL 33312

8. The above name

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR