

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 00005489

1. Entity Name

SIX MA FORTH INC

Principal Place of Business

Mailing Address

202 N. CONGRESS AVE Box 1
BOYNTON BEACH FL 33416

FILED

01 MAY -3 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
65-0929398

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

RAHAMAN, N. HAMMED M
1130 WEST ATLANTIC AVE
DELRAY BEACH FL 33444

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

(NOTE: Registered Agent signature required when reinstating)

300004324339--8

-05/29/01--01008--021

***150.00 ***150.00

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW! FEES \$150.00
After MAY 15, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
RAHAMAN, N. HAMMED M
606 NEW LAKE DRIVE
BOYNTON BEACH FL 33416

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DEY MONMIRA C
606 NEW LAKE DRIVE
BOYNTON BEACH FL 33416

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MIDH, LOYOT
204 SW 3RD AVE
BOYNTON BEACH FL 33435

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STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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TAX HELP OF BOCA RATON
855 SOUTH FEDERAL HIGHWAY SUITE 205
BOCA RATON, FLORIDA 33432
APRIL 23, 2001

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

GENTLEMEN:

RE SIX AND FAITH INC
P99000054892

MY CLIENT WAS TOLD BY HIS BANK THAT HIS CORPORATION HAS BEEN
DISSOLVED. THE BUSINESS IS ACTIVE AND ONGOING.

PLEASE BE AWARE THAT MY CLIENT NEVER RECEIVED HIS 2000 REPORT NOR
HIS 2001 REPORT. HE IS A HARDWORKING PERSON, PAYS HIS TAXES, AND
NEVER AVOIDS HIS RESPONSIBILITIES. HE HAS EVERY INTENTION OF
OPERATING HIS BUSINESS.

WE ARE ENCLOSING HIS 2000 AND 2001 REPORT ALONG WITH CHECKS FOR
BOTH YEARS. UNDER THE CIRCUMSTANCES, WE WOULD APPRECIATE A
REINSTATEMENT TO A CURRENT STATUS.

THANK YOU FOR YOUR UNDERSTANDING AND CONSIDERATION.

VERY TRULY YOUR,

TAX HELP OF BOCA RATON

BY


ALAN L. SCHWARTZ, PRESIDENT