

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90052 001 ***150.00
 01-22-2000 90052 002 *****8.75

DOCUMENT # P99000071397

1. Entity Name

MAHMOOD & AVA ENTERPRISES, INC.

Principal Place of Business

**1244 S. HIGHLAND AVENUE
 CLEARWATER FL 33756**

Mailing Address

**1244 S. HIGHLAND AVENUE
 CLEARWATER FL 33756-4375**

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

59-3596541

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

**MYERS, ROBERT J
 1135 PASADENA AVENUE SOUTH
 SUITE 140
 ST. PETERSBURG FL 33707**

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)

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: PSTD
 NAME: MAHMOOD, JALAL UDDIN Delete
 STREET ADDRESS: 1244 S. HIGHLAND AVENUE
 CITY-ST-ZIP: CLEARWATER FL 33756

TITLE: VICE PRESIDENT Change Addition
 NAME: AVA MAHMOOD
 STREET ADDRESS: 1244 S. HIGHLAND AVE
 CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
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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: Jalal Uddin **JALAL UDDIN MAHMOOD** 1-13-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

m1201



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)