2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077194 1. Entity Name AL HAJ MIA, INC.					Secretary of State 02-24-2002 90036 032 ***150.00		
111 SW 6TH	ce of Business ST EACH FL 33063	Mailing Address 111 SW 6TH ST POMPANO BEACH FL 33063					
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	е	City & State	City & State		4. FEI Number 65-0944427 Applied For Not Applicable		
Zip	Country	Zip	Country	5	. Certificate of Status Desired	\$8.75 Ad	lditional
	6. Name and Address of Currer	nt Registered Agent			. Name and Address of New Registere		
SEASON, MUKUL M 111 SW 6TH ST				Name Street Address (P.O. Box Number is Not Acceptable)			
	BEACH FL 33060						
				ity	F	Zip Cod	le
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable. FILE NOW!!! FE Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to				be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be
11.	PSTD OFFICERS AN	D DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AF		
TITLE Name Street address City-St-Zip	SEASON, MUKUL M 116 SW 6TH STREET POMPANO BEACH FL 33063	☐ Celete	TITLE NAME STREET AD CITY-ST-			Change	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET AD CITY-ST-	ł		☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	- ·	☐ Delete	TITLE NAME STREET AO CITY-ST-2		weeking in the	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP	٠.	□ Delete	TITLE NAME STREET ADI			☐ 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 empowered.



1-31-2002 561-251:5858