

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90137 030 ***550.00

DOCUMENT # P99000077261

1. Entity Name
PAKOBEL USA, INC.

Principal Place of Business
15041 SW 89TH TERRACE ROAD
MIAMI FL 33196-1306

Mailing Address
15041 SW 89TH TERRACE ROAD
MIAMI FL 33196-1306

00132021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13357 SW 135 Ave
 Suite, Apt. #, etc.

3. Mailing Address
13357 SW 135 Ave
 Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33186 USA

Zip Country
33186 USA

4. FEI Number **65-0946679**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIANCHI, PETER C JR
255 UNIVERSITY DR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 2002 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
PSTD
ALI, MOHAMMAD
15041 SW 89TH TERRACE ROAD
MIAMI FL 33196-1306

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
QADIR, EHSAN
70 SHAH JAMAL
LAHOR, PAKISTAN

☐ Delete

TITLE
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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMAD ALI (PASTOR)

06/16/02

7864179448

Date

Daytime Phone #

CR2E034 (9/01)