

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 026 ***150.00

DOCUMENT # P 99000078980

1. Entity Name

MUHAMMAD CORPORATION ✓

DO NOT WRITE IN THIS SPACE

672025

2. Principal Place of Business

582 ANDREW ST. SE

3. Mailing Address

582 ANDREW ST. SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BAY, FL

City & State

PALM BAY, FL

4. FEI Number

59-3598005

Applied For

Not Applicable

Zip

32909

Country

USA

Zip

32909

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAURA L. WHITE - MUHAMMAD

Street Address (P.O. Box Number is Not Acceptable)

582 ANDREW ST. SE

City

PALM BAY

FL

Zip Code

32909

**DO NOT WRITE
IN THIS SPACE**

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

Laura L. White - Muhammad

5-19-02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE-PRES.
LAURA L. WHITE (MUHAMMAD)
582 ANDREW ST. SE
PALM BAY, FL 32909

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES.
KEITH MUHAMMAD
582 ANDREW ST. SE
PALM BAY, FL 32909

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura L. White - Muhammad

5-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #