

FILED
Mar 21, 2001 8:00 am
Secretary of State

0287059

1. Entity Name
HEBAH INC.

Mailing Address

891 U.S. HIGHWAY ONE 4947 PURDY LN 891 U.S. HIGHWAY ONE 4947 Purdy Ln
SUITE 404 SUITE 404
NORTH PALM BEACH FL 33408 WPB, FL NORTH PALM BEACH FL 33408 WPB, FL
33415 Mark Mark 33415

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

~~ANDERSON, TIMOTHY K ESQ.~~
~~631 U.S. HIGHWAY ONE~~
~~SUITE 404~~
~~NORTH PALM BEACH FL 33408~~

MOHSIN A. KHAN
H947 PURDY LN
WPB, FL 33415
M. Khan

Name AMHIN - A. KHAN

Street Address (P.O. Box Number is Not Acceptable)
4947 PURDY LANE

City WPB

FL	Zip Code 33415
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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 MOHSIN A. KHAN

Mohsin Ali Khan

3/15/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KHAN, TAHSEEN B	
STREET ADDRESS	5040 FOXHALL DRIVE NORTH	4947 Purdy Ln
CITY-ST-ZIP	WEST PALM BEACH FL 33417	WPB: FL 33415

TITLE	D	<input type="checkbox"/> Delete
NAME	KHAN, MOHSIN A	
STREET ADDRESS	5040 FOXHALL DRIVE NORTH 4947 PURDY LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33417 WPB; FL 33415	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Mohsin-A-Khan MOHSIN-A-KHAN

3/15/01 (561) 642-7527

CR2E034 (10/00)