

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087600

1. Entity Name

SHATI INCORPORATED

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90249 026 ***150.00

Principal Place of Business

1530 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334

Mailing Address

1530 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334

2. Principal Place of Business

1536 E Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Address

1536 E Commercial Blvd
Suite, Apt. #, etc.

City & State

Oakland park city F.L

City & State

Oakland park city Florida

Zip

33334

Country

U.S.A

Zip

33334

Country

U.S.A

4. FEI Number

65-0954251

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

SIDDIQUE, MOHAMMED A
1530 E. COMMERCIAL BLVD.
OAKLAND PARK FL 33334

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 MD Aboobakar Siddique

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

04-09-01

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
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SIDDIQUE, MOHAMMED A	
STREET ADDRESS	1530 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MD Aboobakar Siddique MOHAMMED A SIDDIQUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-09-01 (954) 351-9188

CR2E034 (10/00)