

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087702

1. Entity Name

MAHMUDA ENTERPRISES, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90035 010 \*\*\*150.00

Principal Place of Business

499 N. SR. 434 SUITE 2159  
ALTAMONTE SPRINGS FL 32714

Mailing Address

499 N. SR. 434 SUITE 2159  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1892 NORTH NOVA RD  
Suite, Apt. #, etc.

3. Mailing Address

1892 NORTH NOVA ROAD  
Suite, Apt. #, etc.

City & State

HOLLY HILL FL

City & State

HOLLY HILL FL

4. FEI Number

59-3602963

Applied For

Not Applicable

Zip

32117

Country

U.S.A

Zip

32117

Country

U.S.A

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

SIDDIQUI, A. MUBASHIR  
499 N. SR. 434 SUITE 2159  
ALTAMONTE SPRINGS FL 32714

Name  
SIDDIQUI, A. MUBASHIR

Street Address (P.O. Box Number is Not Acceptable)  
1892 NORTH NOVA ROAD

City HOLLY HILL FL Zip Code 32117

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 *A. Mubashir*

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

(NOTE: Registered Agent signature required when reinstating)

03/07/00

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, 2000 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	D SIDDIQUI, A. MUBASHIR 499 N. SR. 434 SUITE 2159 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALIK, MANAUR T 499 N. SR. 434 SUITE 2159 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDDIQUI, A. MUBASHIR 1892 NORTH NOVA ROAD HOLLY HILL FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALIK, MANSURA.T. 1892 NORTH NOVA ROAD HOLLY HILL FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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::

*A. Mubashir*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/00

Date

904-252-5218

Daytime Phone #

CR2E034 (9/99)