

2000 UNIFORM-BUSINESS REPORT (UBR)

6/5

FILED
Jul 17, 2000 8:00 am
Secretary of State

06-09-2000 90041 024 ***150.00

308303

DOCUMENT # P99000088473
1. Entity Name

SAKIB & BROTHERS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1776 W. Eagle Trace Blvd

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State
 Coral Springs, FL

City & State
 same

4. FEI Number

65-1021596

Applied For

Not Applicable

Zip
 33071

Country
 USA

Zip
 33071

Country
 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIGGS, HERBERT W.
 11983 Tamiami Trail North
 Naples, FL 34110

7. Name and Address of New Registered Agent

Name
 AKHTAR HUSSAIN

Street Address (P.O. Box Number is Not Acceptable)
 2465 NW 7th St.

City
 Miami

FL

Zip Code
 33125

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 

AKHTAR HUSSAIN

6/2/00

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASREEN BHAIJI 1776 W. Eagle Trace Blvd Coral Springs, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAQIB BHAIJI 1776 W. Eagle Trace Blvd. Coral Springs, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAHAD BHAIJI 1776 W. Eagle Trace Blvd Coral Springs, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAWAD BHAIJI 1776 W. Eagle Trace Blvd. Coral Springs, FL 33071	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AKHTAR HUSSAIN

Agent 6/2/00

Date

Daytime Phone #

305-541-2200

CR2E034 (9/99)