## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 12, 2000 8:00 am **DOCUMENT # \$10593 Secretary of State** 1. Entity Name PARACHA, INC. 01-12-2000 90022 036 \*\*\*150.00 Principal Place of Business Mailing Address 12505 W DIXIE HWY 12505 W DIXIE HWY NORTH MIAMI FL 33161-4801 NORTH MIAM! FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0228598 Not A.:...... Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMEED, ABDUL : 1 Street Address (P.O. Box Number is Not Acceptable) 19221 E LAKE DRIVE MIAMILFL 33015 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ... 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. [ Change Delete TITLE TITLE HAMEED, ABDUL NAME NAME STREET ADDRESS STREET ADDRESS 19221 E LAKE DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change VD : ☐ Delete TITLE SIDDIQUI, IQBAL A NAME NAME STREET ADDRESS 13245 S W 85TH LANE STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE TITLE HAMEED, YASMEEN NAME NAME 19221 E LAKE DR STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-7IP MIAMI FL Change TITLE Delete TITLE PARACHA, ABDUL MAJEED NAME NAME 7873 NW 191 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP--\_\_\_\_\_ 14. 7.1 Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13: Thereby 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 changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR