

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18859

1. Entity Name

BOMBAY CORPORATION OF FLORIDA

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90144 041 ***150.00

Principal Place of Business

1100 BISCAYNE BOULEVARD
MIAMI FL 33132-2714

Mailing Address

1100 BISCAYNE BOULEVARD
MIAMI FL 33132-1703

2. Principal Place of Business

3. Mailing Address

149 VISTA LUNA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVE

FI

4. FEI Number

65-0373759

Applied For

Not Applicable

Zip

Country

Zip

33325

Country

Broward

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

SMITH, LINDA M., ESQ.
11900 BISCAYNE BLVD., SUITE 200
NORTH MIAMI FL 33181

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ZAHEER, SIDDIQI
STREET ADDRESS 7175 NOVA DR
CITY-ST-ZIP DAVE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME SIDDIQI, SHAHLA
STREET ADDRESS 7175 N OVA DR
CITY-ST-ZIP DAVE-FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.00

Date

Daytime Phone #