PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S73479

EASTERN PLAZA INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90204 041 \*\*\*150.00



				<u> </u>		_			
Principal Place	of Business	Mailing Address							
271 NW 166TH STREET 271 NW 166TH STREET									
NORTH MIAMI FL 33162 NORTH MIAMI FL 33162						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						08/14/1991			
0 D-111-DI-	and of Division on the state of	2a. Mailing Address				4. FEI Number			Applied For
2. Principal Pla	ice of Business	<del></del>				65-0283961		$\vdash$	Not Applicable
26						00-0200901	<del> </del>		Additional
						5. Certifcate of Status Desired			Required
		City & State				6. Election Campaign Financing			0 May Be
City & State City & State						Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coul	ntrv	<del></del>	8. This corporation owes the curre	nt vear Inta		
<del></del> ·	25	29	30	,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren		1301			10. Name and Address of New Ro	gistered A	Agent	
<del></del>	5. Name and Address of Outron	t itagistoraa Again		81	Name			<u> </u>	
LATIF	, MOHAMMAD T.								
EZINE 188TH STREET				82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		•
MADIDANI-ROHL-FT 38169					83				
12.49	SW 131 VL #10-	3							
6249561311/C#103 MIAMI FCA. 33183				84	City		FI	85 Zi	ip Code
. 1971	THE FLAT DOIL						-	1	ita sasistarad
office or re	reletered agent or both in the State (	of Florida, Such change was a	uthorized	hv i	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	itment as	registered
agent, I am	n familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statu	ites.	•				
SIGNATURE							t.,	<u> </u>	·
\$7.555 m3.5	Signature, typed or printed name of registered agen			Agen	nt signature required	ADDITIONS/CHANGES TO OFF	DATE	O OIREC	TODO IN 12
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS ANI	Chang	
	PS The state of th	☐ DELETE	1.1 TIT					C) Chang	e [_] Addition
	LATIF, MOHAMMAD T	44 OUS 19 Ill +	1.2 NA			•			
STREET ADDRESS	271 NE-166TH STREET 62	77301311046	<b>13</b> 1.3 ST	REET	TADORESS				
CITY-ST-ZIP	MIAMI-FL-33183 /9/	49 SW131 (L#/ 1AM1 PCA-33183 □DELETE	1.4 CI	TY- \$1	T-ZIP				
TITLE	<b>VP</b> ☐ DELETE		2.1 TIT	2.1 TITLE				Chang	e 🗌 Addition
NAME	LATIF, FARZANA		2.2 NA	ME					
STREET ADORESS	6249 SW 131 PL, UNIT 103		2.3 ST	REET	T ADDRESS	****			
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CI	TY-S	ST-ZIP				
TITLE		☐ DELETE	3.1 ∏	LΕ				Chang	je 🔲 Addition
NAME			3.2 NA	ME					
STREET ADDRESS	یا ملید میداند با دیاه انامید	وديه ۾ اين ۽ ايڪيٽ نيل	3.3 ST	REET	TADORESS	ال المح <u>مد المحمد المح</u>	~	-	<b>.</b>
CITY-ST-ZIP		***	3.4. CI		i				
TITLE		DELETE	4.1 TIT					Chang	ge 🔲 Addition
NAME	•	<del></del>	4. 2 N	AME					
1					TADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CI		1-217			Chang	e Addition
TITLE		- Detele	5.1 M						
NAME					TANNOESS				
STREET ADDRESS		,			TADDRESS				
CITY-ST-ZIP			54 CF		1-211			[]Chana	a
TITLE		☐ DELETE	6.1 TR					Chang	ge 🗀 Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REET	TADORESS				
CITY ST 7ID			6.4 CF	TY- \$1	T-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.99

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Daytime Phone a