

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87988

1. Entity Name  
**DINAJ QUIK-MART, INC.**

Principal Place of Business

7791 BISCAYNE BLVD  
MIAMI FL 33186

Mailing Address

7791 BISCAYNE BLVD  
MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1525 NW 3rd St #14

Suite, Apt. #, etc.

DEERFIELD BEACH

City & State

FLORIDA

Zip

33442

Country

Broward

6. Name and Address of Current Registered Agent

NAHID, FATIMA  
12693 TORBY DR.  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

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, 2001 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 **P** ☐ Delete  
NAME **MOHAMMED DINAJ KHAN**  
STREET ADDRESS **18338 FRESH LAKE WAY**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ Delete  
NAME **FATIMA NAHID**  
STREET ADDRESS **12693 TORBY DR.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☒ Delete  
NAME **REZA, DALIM**  
STREET ADDRESS **750 NE 64TH ST., #B-7**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90145 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0292397** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)

4/20/01 954-725-0100  
Date Daytime Phone #