

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-20-2002 90241 001 ***300.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>S91756</u>			
1. Entity Name <u>MOSSA OF MIAMI, INC</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>1253 S. PINES ISLAND ROAD</u>		3. Mailing Address 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PLANTATION - FL</u>		City & State 	
Zip <u>33324</u>	Country <u>FL</u>	Zip 	Country
4. FEI Number <u>65-0334951</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>ABDUL MAJID MOOSA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1253 S. PINES ISLAND ROAD</u>			
City <u>PLANTATION</u>		FL	Zip Code <u>33324</u>
DO NOT WRITE IN THIS SPACE			
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 <u>[Signature]</u>		ABDUL MAJID MOOSA	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when renewing)</small>	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/>		10. Election Campaign Financing <input type="checkbox"/>	
<small>(See criteria on back)</small>		Trust Fund Contribution.	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE <u>PD</u> NAME STREET ADDRESS CITY - ST - ZIP	<u>MOOSA, ABDUL M</u> <u>1253 S. PINES ROAD</u> <u>PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <u>SD</u> NAME STREET ADDRESS CITY - ST - ZIP	<u>HEMANI IQBAL</u> <u>1253 S. PINES ROAD</u> <u>PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <u>TD</u> NAME STREET ADDRESS CITY - ST - ZIP	<u>HEMANI, ALMAS</u> <u>1253 S. PINES ROAD</u> <u>PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <u>DW</u> NAME STREET ADDRESS CITY - ST - ZIP	<u>MOOSA, FAUZIA</u> <u>1253 S. PINES ROAD</u> <u>PLANTATION, FL 33324</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without other like empowered.			
SIGNATURE: <u>[Signature]</u>		MOOSA ABDUL M	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03-06-2002	
		<small>Date Daytime Phone #</small>	

CR2E034B (12/01)