

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # S91756

1. Entity Name
MOOSA OF MIAMI, INC.



Principal Place of Business
**1253 S PINE ISLAND ROAD
PLANTATION, FL 33324**

Mailing Address
**16105 N.E. 18TH AVE.
N. MIAMI BEACH, FL 33162-4749**



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0334951

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOOSA, ABDUL MAJID
1253 S PINES ISLAND ROAD
PLANTATION, FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000104160
04/05/04-80086-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MOOSA, ABDUL M
1253 S PINES ROAD
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HEMANI, IQBAL
1253 S PINES ROAD
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
ALMAS, HEMANI
1253 S PINES ROAD
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FAUZIA, MOOSA
1253 S PINES ROAD
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SECRETARY

SIGNATURE: *X* Iqbal N. Hemanzi / Iqbal N. HEMANZI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 (954) 424-8302

Date

Daytime Phone