

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90193 019 ***150.00

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DOCUMENT # K57164

1. Entity Name
JAZAYRI CONSTRUCTION, INC.

Principal Place of Business
3121 W. HALLANDALE BCH BLVD
SUITE 102
PEMBROKE PARK FL 33009-5149
US

Mailing Address
3121 W. HALLANDALE BCH BLVD
SUITE 121
PEMBROKE PARK FL 33009-5149
US



2. Principal Place of Business
3121 W HALLANDALE BCH BLVD

3. Mailing Address
3121 W HALLANDALE BEACH BLVD

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PARK, FL

City & State
PEMBROKE PARK, FL

4. FEI Number **65-0094985**

Applied For
☐ Not Applicable

Zip **33009** Country **US** Zip **33009** Country **US**

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

6. Name and Address of Current Registered Agent
JAZAYRI, MAHMOOD SAM
3121 W. HALLANDALE BEACH BLVD
SUITE 102
PEMBROKE PARK FL 33009-5149

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 _____ (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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JAZAYRI, SAM 3121 W. HALLANDALE BCH BLVD., SUITE 102 PEMBROKE PARK FL 33009-5149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SAM JAZAYRI **3/5/02** **(954)981-1154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)