

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90621 026 ***150.00

DOCUMENT # P98000100815

1. Entity Name

AL-RAZIK INC

Principal Place of Business

10143 US HWY #41
GIBSONTON FL 33534

Mailing Address

10143 US HWY #41
GIBSONTON FL 33534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3546566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QURESHI, MOHIDDIN
10143 US HWY #41
GIBSONTON FL 33534

Name LOUIS VENUT

Street Address (P.O. Box Number is Not Acceptable)

131 HARRISON ST

City TITUSVILLE

FL

Zip Code 32780

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 *Louis Venut*

LOUIS VENUT

3-3-01

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME QURESHI, MOHIUDDIN
STREET ADDRESS 10143 US HWY #41
CITY-ST-ZIP GIBSONTON FL 33534 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5815 LEGACY CRESENT PLACE # 103
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE VPD
NAME RIFFAT QURESHI
STREET ADDRESS 5815 LEGACY CRESENT PLACE #103
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-01

Date

324-383-2519

Daytime Phone #

CR2E034 (10/00)