

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90159 043 \*\*\*150.00

**DOCUMENT # P97000078485**

1. Entity Name  
**NAYANI INVESTMENT, CORP.**

Principal Place of Business

150 SE 2ND AVE  
 SUITE 1200  
 MIAMI FL 33131  
 US

Mailing Address

150 SE 2ND AVE  
 SUITE 1200  
 MIAMI FL 33131  
 US

2. Principal Place of Business

**7270 NW 66 ST.**

Suite, Apt. #, etc.

3. Mailing Address

**7270 NW 66 ST.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0880072**

Applied For

Not Applicable

Zip

**33166**

Country

**DADE**

Zip

**33166**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, BORIS**  
**25 SE 2ND AVE**  
**STE 220**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**ADOLFO CARRILES**

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

**4246 SW 153 PLACE**

City

**MIAMI**

FL

Zip Code

**33185**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**07.16.02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	MUSTAFA, JOSE	
STREET ADDRESS	10730 NW 66TH ST #308	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSTAFA, NAHIMA	
STREET ADDRESS	10730 NW 66TH ST #308	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUSTAFA, RAMONA	
STREET ADDRESS	10730 NW 66TH ST #308	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSTAFA, NIURKA	
STREET ADDRESS	10730 NW 66TH ST #308	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSTAFA, YASSER	
STREET ADDRESS	10730 NW 66TH ST #308	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**7/16/2002**

CR2E034 (4/02)

80130657



DO NOT WRITE IN THIS SPACE

*Attachment*  
*#P97000078485*

NAYANI INVESTMENT, CORP.  
7270 NW 66<sup>TH</sup> ST.  
MIAMI, FL 33166

July 17, 2002

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Reference: 2002 Uniform Business Report

Dear Sir or Madam:

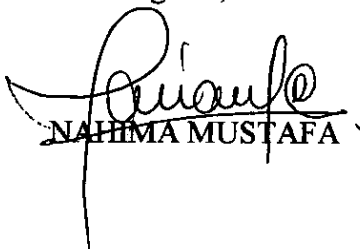
Please accept the attached 2002 Uniform Business Report and the enclosed check in the amount of \$150.00. I am aware that this report is late but I would like to request a waiver on the late fee.

The reason for the late filing is due to the fact that this report was sent to the address of my old accountant which is not longer working for me and I did not get it until a few days ago. As you can notice in the report, the address for the principal place of business and mailing address is not my current business address as I noted in the report.

I understand the non receipt of the report is not an excuse for not filing but I was also out of the country for a long period of time this year and totally forgot about the filing of the annual report.

Please accept my request to waive the late fee as this is the first occurrence in filing a late report.

Best Regards,

  
NAHIMA MUSTAFA