

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90498 027 ***158.75

0000318

DOCUMENT # F55831

1. Entity Name
AZIZA, INC.

Principal Place of Business

642 N.W. 11TH STREET
MIAMI FL 33136
US

Mailing Address

642 N.W. 11TH STREET
MIAMI FL 33136
US

2. Principal Place of Business

the same

3. Mailing Address

the same

Suite, Apt. #, etc.

x x house

Suite, Apt. #, etc.

x x house

City & State

Miami FL

City & State

Miami FL

Zip

33136

Country

U.S.A

Zip

33136

Country

U.S.A

4. FEI Number

59-2144745

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSMAN, ADEL ANTAR
642 N.W. 11TH STREET
MIAMI FL 33136

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

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.
(See criteria on back) ☐

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

TITLE **P** ☐ Delete
NAME **OSMAN, ADEL ANTAR**
STREET ADDRESS **642 N.W. 11TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **OSMAN, AZIZA ADEL**
STREET ADDRESS **642 N.W. 11TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
NAME **JEEHAN ADEL OSMAN**
STREET ADDRESS **642 N.W. 11TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **OSMAN, MOHAMED**
STREET ADDRESS **642 N.W. 11TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adel Antar
President

03/13/2001

Date

Daytime Phone #

CR2E034 (10/00)