

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90106 008 ***150.00

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
642 NW 11th street

3. Mailing Address
642 NW 11th street

Suite, Apt. #, etc.
Home

Suite, Apt. #, etc.
Home

City & State
Miami FL

City & State
Miami, FL

Zip
33136

Country
Dade

Zip
33136

Country
Dade



☐ CHECK HERE IF MAKING CHANGES

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 **Y**
Street Address (P.O. Box Number is Not Acceptable) **X**
City **X** **FL** Zip Code **X**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OSMAN, ADEL ANTAR	
STREET ADDRESS	642 N.W. 11TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSMAN, AZIZA ADEL	
STREET ADDRESS	642 N.W. 11TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JEEHAN ADEL OSMAN	
STREET ADDRESS	642 N.W. 11TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSMAN, MOHAMED	
STREET ADDRESS	642 N.W. 11TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME	X	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	X	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	642 NW 11th street Miami FL 33136	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trustee	
STREET ADDRESS	642 NW 11th street Miami FL 33136	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manager & Vice President	
STREET ADDRESS	642 NW 11th street Miami FL 33136	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manager	
STREET ADDRESS	642 NW 11th street Miami FL 33136	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	X	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	X	
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **AZIZA ADEL OSMAN** **4/10/2003** **305-374-5838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)