## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # J37032** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** RIZVI, INC. 01-19-2000 90309 005 \*\*\*150.00 Principal Place of Business Mailing Address % ZULFIQAR H. RIZVI % ZULFIOAR H. RIZVI 5328 WEST 20TH LANE 5328 WEST 20TH LANE HIALEAH FL 33016 HIALEAH FL 33016-2024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0002641 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIZVI, ZULFIQAR H. Street Address (P.O. Box Number is Not Acceptable) 5328 WEST 20TH LANE HIALEAH FL 33016 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** DATE "Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITI F TITLE: PD ☐ Delete NAME NAME RIZVI, ZULFIQAR H. STREET ADDRESS STREET ADDRESS 5328 WEST 20TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME RIZVI, TAHIRA STREET ADDRESS STREET ADDRESS 5328 WEST 20TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition Detete ~ TITLE VID NAME NAME RIZVI, SYED S. H. STREET ADDRESS STREET ADDRESS 5328 WEST 20TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME RIZVI, JAWAID H. STREET ADDRESS STREET ADDRESS 5328 WEST 20TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME RIZVI, DILAWAR H. STREET ADDRESS STREET ADDRESS 5328 WEST 20TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Addition Delete TITLE TITLE D NAME NAME RIZVI, SYED SHAID H. STREET ADDRESS STREET ADDRESS 5328 WEST 20TH LANE CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 soon at the and appears 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 trust if an above deeper this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachmen