

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000002043**

1. Entity Name

**JINNAH FINANCIAL SERVICES, INC.****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90376 014 \*\*\*150.00

Principal Place of Business

**15846 SW 17TH STREET**  
**DAVIE FL 33326**

Mailing Address

**15846 SW 17TH STREET**  
**DAVIE FL 33326**

2. Principal Place of Business

**8254 WILES ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**8254 WILES ROAD**

Suite, Apt. #, etc.

City &amp; State

**CORAL SPRINGS, FL**

City &amp; State

**CORAL SPRINGS, FL**

Zip

**33067**

Country

**U.S.A.**

Zip

**33067**

Country

**U.S.A.**

4. FEI Number

**65-0971212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JINNAH, ISHTIAQ**  
**15846 SW 17TH STREET**  
**DAVIE FL 33326**

7. Name and Address of New Registered Agent

Name

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

**8254 WILES ROAD**

City

**CORAL SPRINGS,**

FL

Zip Code

**33067**

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

**Ishtiaq A. Jinnah (ISHTIAQ A- JINNAH)****04/16/01**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	PSD	<input type="checkbox"/> Delete
NAME	JINNAH, ISHTIAQ	
STREET ADDRESS	15846 SW 17TH STREET	
CITY-ST-ZIP	DAVIE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JINNAH, NADIA	
STREET ADDRESS	15846 S.W. 17 ST.	
CITY-ST-ZIP	DAVIE, FL 33326	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ishtiaq A. Jinnah (ISHTIAQ A- JINNAH)**

Date

**04/16/01**

Daytime Phone #

**(305) 621-1099**

CR2E034 (10/00)