

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90013 022 ***158.75

DOCUMENT # P00000038650

1. Entity Name

NOOR VENTURES, INC.

Principal Place of Business

17200 N.W. 64TH AVE #106
HIALEAH FL 33015

Mailing Address

17200 N.W. 64TH AVE #106
HIALEAH FL 33015

2. Principal Place of Business

3600 S. STATE ROAD 7

3. Mailing Address

3600 S. STATE ROAD 7

Suite, Apt. #, etc.

SUITE 326

Suite, Apt. #, etc.

SUITE 326

City & State

MIRAMAR FL

City & State

MIRAMAR FL

4. FEI Number

65-1000591

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHATILA, AHMAD
19410 N.W. 62ND PLACE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name **AHMAD HAFI**
Street Address (P.O. Box Number is Not Acceptable)
1047 SW 122 AVENUE
City **PEMBROKE PINES** FL Zip Code **33025**

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

1/8/01

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	PST	<input type="checkbox"/> Delete
NAME	HAFI, AHMAD	
STREET ADDRESS	17200 N.W. 64TH AVE #106	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAFI, HANANA	
STREET ADDRESS	BASTA AL-TAHTA FATAHALLA ST. 1ST FLOOR	
CITY-ST-ZIP	BEIRUT, LEBANON	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1047 SW 122 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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

Date

Daytime Phone #

1/8/01

CR2E034 (10/00)

UBR/OL*