

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90011 029 ***150.00

DOCUMENT # P00000047832

1. Entity Name
NODI ENTERPRISES, INC.

Principal Place of Business

**2414 ABBY DRIVE
 #25
 KISSIMMEE FL 34741**

Mailing Address

**1914 BRUCE STREET
 KISSIMMEE FL 34741**

2. Principal Place of Business

**1722 Bruce ST
 Suite, Apt. #, etc.**

3. Mailing Address

**1722 Bruce ST
 Suite, Apt. #, etc.**

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL.

4. FEI Number

59-3642651

Applied For

☐ Not Applicable

Zip

34741 FL

Country

U.S.A.

Zip

34741

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 2414 ABBY DRIVE
 #205
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **RAHMAN MAZIBUR**
 Street Address (P.O. Box Number is Not Acceptable)
1722 BRUCE ST
 City **KISSIMMEE** FL Zip Code **34741**

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, 2002 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 ☐ Delete
 NAME **PSVT RAHMAN, MAZIBUR**
 STREET ADDRESS **2414 ABBY DRIVE #205**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PSVT RAHMAN MAZIBUR**
 STREET ADDRESS **1722 BRUCE ST**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

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

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)