

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

02-22-2001 90127 008 ***150.00

DOCUMENT # P00000052650

1. Entity Name

N & N UNITED, INC.

Principal Place of Business

Mailing Address

**5433 NORTH STATE ROAD 7
TAMARAC FL 33319**

**5433 NORTH STATE ROAD 7
TAMARAC FL 33319**

2. Principal Place of Business

5433 E 27 N. STRD 7

Suite, Apt. #, etc.

TAMARAC FL 33319

City & State

Zip

Country

3. Mailing Address

5433 E 27 N. STRD 7

Suite, Apt. #, etc.

TAMARAC FL 33319

City & State

Zip

Country

4. FEI Number

65-1011592

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NASIR, MOHAMMAD
5433 NORTH STATE ROAD 7
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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	PD	☐ Delete
NAME	NASIR, MOHAMMAD	
STREET ADDRESS	5433 NORTH STATE ROAD 7	
CITY-ST-ZIP	TAMARAC-FL 33319	
TITLE	VPD	☐ Delete
NAME	ALI, SUBUHI S	
STREET ADDRESS	5433 NORTH STATE ROAD 7	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

2/19/01

Date

954-480-2958

Daytime Phone #

CR2E034 (10/00)