

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053283

1. Entity Name

Naza, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

315 N. Grove St.

3. Mailing Address

2513 Spring Harbor Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Eustis, FL

City & State
Mount Dora, FL

REINSTATEMENT 01-02

4. FEI Number
59-3650281

Applied For
Not Applicable

32726

Country
USA

Zip 32757

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Speigel & Utrera, P.A.
343 Almeria Ave.
Coral Gables, FL 33134

Name
Matiul M. Alam

Street Address (P.O. Box Number is Not Acceptable)
315 N. Grove St.

City

City
Eustis

FL

Zip Code
32726

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  Matiul M. Alam

8/8/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME M
STREET ADDRESS
CITY-ST-ZIP
Matiul M. Alam
2513 Spring Harbor Cir. Ste. 8
Mt. Dora, FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300008025193-4
-09/25/02--01081--021
*****900.00 *****900.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:  Matiul M. Alam

8/8/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)