

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089427

1. Entity Name:  
NOOR ENTERPRISE, INC.

Principal Place of Business  
1716 RIVERISDE DRIVE  
EDGEWATER FL 32132

Mailing Address  
1716 RIVERISDE DRIVE  
EDGEWATER FL 32132

2. Principal Place of Business  
The Oaks Mall, Gainesville  
Suite, Apt. #, etc.  
6419 Newberry Road  
City & State  
Gainesville FL  
Zip  
32605  
Country

3. Mailing Address  
1716 RIVERISDE DRIVE  
Suite, Apt. #, etc.  
City & State  
Edgewater FL  
Zip  
32132  
Country  
Volusia

REINSTATEMENT

4. FEI Number  
59-36 73 733

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

Name  
YASSER I. ALY  
Street Address (P.O. Box Number is Not Acceptable)  
1716 RIVERSIDE DRIVE  
City  
EDGEWATER FL Zip Code 32132

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 *Yasser I. Aly* President  
Signature, typed or printed name of registered agent and title if applicable.

10/18/01  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ALY, YASSER I  
1716 RIVERISDE DRIVE  
EDGEWATER FL 32132 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004721334-9  
-12/12/01--01082--010  
\*\*\*\*750.00 \*\*\*\*750.00 ☐ Change ☐ Addition

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

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

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

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

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

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: *Yasser I. Aly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01  
Date Daytime Phone #

APPROVED  
AND  
FILED

01 NOV 26 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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