

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091413

1. Entity Name
RIM ENTERPRISES INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90067 012 ***150.00

Principal Place of Business
**6350 OLDE MOAT WAY
DAVIE FL 33331**

Mailing Address
**6350 OLDE MOAT WAY
DAVIE FL 33331**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1045060** Applied For
Not Applicable

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

**KARIM, AZIM
6350 OLDE MOAT WAY
DAVIE FL 33331**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 **D** ☐ Delete
NAME **KARIM, AZIM**
STREET ADDRESS **6350 OLDE MOAT WAY**
CITY-ST-ZIP **DAVIE FL 33331**

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

TITLE **D** ☒ Delete
NAME **KARIM, RAHIL**
STREET ADDRESS **6350 OLDE MOAT WAY**
CITY-ST-ZIP **DAVIE FL 33331**

☐ Change ☐ Addition
TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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: Azim N. Karim **AZIM N. KARIM (President)** 4/8/01 954 983 8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)