

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2001 90066 045 ***150.00

DOCUMENT # P00000106475

1. Entity Name

ALAMIN ENTERPRISES, INC.

Principal Place of Business

1780 NORTHEAST 191ST STREET
SUITE 211-2
NORTH MIAMI BEACH FL 33179

Mailing Address

1780 NORTHEAST 191ST STREET
SUITE 211-2
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

20613 NW 2 AVE

3. Mailing Address

20613 NW 2 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-1054349

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 **MOHAMMED B. HOSSAIN**

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

999 NE 167 ST APT 406

City

N. MIAMI BEACH

FL

Zip Code

33179

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]

MOHAMMED B. HOSSAIN, DIRECTOR

3-1-01

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 **PVST** ☐ Delete
NAME **MAH, SADIK**
STREET ADDRESS **1780 NORTHEAST 191ST STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **D** ☐ Delete
NAME **MAH, SADIK**
STREET ADDRESS **1780 NORTHEAST 191ST STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **D** ☐ Delete
NAME **HOSSAIN, MOHAMMED B**
STREET ADDRESS **1780 NORTHEAST 191ST STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **D** ☐ Delete
NAME **BANU, ARJUMAND**
STREET ADDRESS **1780 NORTHEAST 191ST STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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 **999 NE 167 ST APT 406**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33179**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1741 NW 2AVE 2 ST. APT A-2**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

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]

MOHAMMED B. HOSSAIN

3-1-01

305-770-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR.

Date

Daytime Phone #

CR2E034 (10/00)