

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90154 011 ***150.00

0269218 AV

DOCUMENT # P00000106475

1. Entity Name

ALAMIN ENTERPRISES, INC.

Principal Place of Business

**20613 NW 2 AVENUE
MIAMI FL 33169**

Mailing Address

**20613 NW 2 AVENUE
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1054349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HOSSAIN, MOHAMMED B.
999 NE 167 ST
APT 406
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name

HOSSAIN, MOHAMMED B.

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

645 NE 205 TERR APT 205

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-17-02

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, 2002 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 **HOSSAIN, MOHAMMED B**
STREET ADDRESS **1780 NORTHEAST 191ST STE 211-2**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **VSD** ☐ Delete
NAME **BANU, ARJUMAND**
STREET ADDRESS **1780 NORTHEAST 191ST ST., STE 211-2**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
NAME **HOSSAIN, MOHAMMED B.**
STREET ADDRESS **645 NE 205 TERR. APT 205**
CITY-ST-ZIP **N-MIAMI BEACH FL 33169**

TITLE **VSD** ☒ Change ☐ Addition
NAME **BANU, ARJUMAND**
STREET ADDRESS **675 NE 205 TERR, APT 410**
CITY-ST-ZIP **N-MIAMI BEACH, FL 33179**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMED B. HOSSAIN 1-14-02

Date

Daytime Phone #

305-770-4140

CR2E034 (9/01)