

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90459 001 \*\*\*300.00  
 09-17-2002 90106 047 \*\*\*150.00

**DOCUMENT # P00000116349**

1. Entity Name  
**GIT-N-ZIP 2, INC.**

Principal Place of Business

**290 N.W. 172ND AVENUE  
 PEMBROKE PINES FL 33029**

Mailing Address

**290 N.W. 172ND AVENUE  
 PEMBROKE PINES FL 33029**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8128 Glades Road**

3. Mailing Address

**RIO Cleaners**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**8128 Glades Road**

City & State

**Boca RATON FL**

City & State

**Boca Raton FL**

4. FEI Number

**01-0633662**

**APPLIED FOR**

Applied For

Not Applicable

Zip

**33433**

Country

Zip

**33433**

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM R. HEITZ, P.A.**

**1301 SOUTH FEDERAL HIGHWAY**

**SUITE 237**

**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 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 **D** ☐ Delete  
 NAME **MOMIN, MALIK**  
 STREET ADDRESS **290 N.W. 172ND AVENUE**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete  
 NAME **MOMIN, AMIRUDDIN**  
 STREET ADDRESS **290 N.W. 172ND AVENUE**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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  
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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:

**AMIRUDDIN MOMIN**

**9/12/02 954 868-1213**

CR2E034 (4/02)

Attachment

872454

#P000001163349

Because of address change

I never received first report.

~~So you can excuse my penalty please~~

Thank you

AMIRUDDIN MOMIN