

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042793

1. Entity Name  
NIYAMAT CORPORATION



03 OCT 27 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
25030 US HWY 19  
CLEARWATER FL 33763

Mailing Address  
680 MAIN STREET  
SAFETY HARBOR FL 34695

2. Principal Place of Business  
25030, US, HWY, 19, NORTH  
Suite, Apt. #, etc.

3. Mailing Address  
25030, US, HWY 19, NORTH  
Suite, Apt. #, etc.



REINSTATEMENT 2003

City & State  
CLEARWATER, FL

City & State  
CLEARWATER, FL

4. FEI Number 52-2324572

Applied For  
Not Applicable

Zip 33763 Country USA

Zip 33763 Country USA

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

## 6. Name and Address of Current Registered Agent

HIRANI, HUSSAIN  
680 MAIN STREET  
SAFETY HARBOR FL 34695

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME HIRANI, HUSSAIN  
STREET ADDRESS 680 MAIN STREET  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)