FROM : AC DISCOUNT FAX NO. : 9549739166

4/3/02-9(

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-03-2002 90033 043 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

200_ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047359

1. Entity Name

NNN Enterprises, inc

Principal Place of Business: 9440 N SR 7, Margate FL 33063

Mailing Address

2. Principal Place of Business: 9440 N SR 7
Suite, Apt. #, etc.: 9440
City & State: Margate FL
Zip: 33063 Country: USA

3. Mailing Address: 9440 N SR 7
Suite, Apt. #, etc.: 9440
City & State: Margate FL
Zip: 33063 Country: USA

4. FEI Number: 65-1102860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Vallyani, Noor
9950 NW 53RD ST
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name: Vallyani, Noor R
Street Address (P.O. Box Number is Not Acceptable): 9440 N SR 7
City: MARGATE FL Zip Code: 33063

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, 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, 2000 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	VALLYANI, NOOR	
STREET ADDRESS	9950 NW 53RD ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	☐ Delete
NAME	GOWANI, NAZIM N	
STREET ADDRESS	9442 CORAL SPRINGS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #