

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90086 022 ***150.00

DOCUMENT # P01000047359

1. Entity Name
N N N ENTERPRISES, INC.



Principal Place of Business

2440 N SR 7
2440
MARGATE FL 33063

Mailing Address

2440 N SR 7
2440
MARGATE FL 33063

2. Principal Place of Business

2440 N SR 7

Suite, Apt. #, etc.

2440

City & State
MARGATE FL

Zip
33063

Country
USA

3. Mailing Address

2440 N SR 7

Suite, Apt. #, etc.

2440

City & State
MARGATE FL

Zip
33063

Country
USA



☐ CHECK HERE IF MAKING CHANGES

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
2440 N SR 7
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name **VALLYANI NOOR**

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

2440 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME **PD VALLYANI, NOOR** ☐ Delete
STREET ADDRESS **9950 NW 53RD STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE
NAME **D GOWANI, NAZIM N** ☐ Delete
STREET ADDRESS **2942 CORAL SPRINGS DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD VALLYANI NOOR** ☒ Change ☐ Addition
STREET ADDRESS **10319 NW 52 ST**
CITY-ST-ZIP **CORAL SPRING FL 33076**

TITLE
NAME **D GOWANI, NAZIM N** ☒ Change ☐ Addition
STREET ADDRESS **10941 NW 41ST DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)