

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90506 031 \*\*\*158.75

DOCUMENT # P01000077996

1. Entity Name  
N & S ENTERPRISING GROUP INC.



Principal Place of Business  
8230 SW 150 DRIVE  
MIAMI FL 33158

Mailing Address  
8230 SW 150 DRIVE  
SUITE 201  
MIAMI FL 33158

2. Principal Place of Business  
15020 SW 74th Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
15020 SW 74th Avenue  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number 65-1128361

Applied For  
Not Applicable

Zip Country  
33158-2123 USA

Zip Country  
33158-2123 USA

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

## 6. Name and Address of Current Registered Agent

ALAM, NASIR M  
8230 SW 150 DRIVE  
MIAMI FL 33158-1952

## 7. Name and Address of New Registered Agent

Name  
Nasir M. Alam  
Street Address (P.O. Box Number is Not Acceptable)  
15020 SW 74th Avenue  
City Miami FL Zip Code 33158-2123

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

NASIR M. ALAM  
(NOTE: Registered Agent signature required when reinstating)

1/19/03  
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 STREET ADDRESS CITY-ST-ZIP	D ALAM, NASIR M 8230 SW 150 DRIVE MIAMI FL 33158	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALAM, SHELLA M 8230 SW 150 DRIVE MIAMI FL 33158	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nasir M. Alam **SIGNATURE REQUIRED** NASIR M. ALAM 1/14/03 (305) 669-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)