

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-24-2002 90072 003 ***155.00

DOCUMENT # P01000080835

1. Entity Name
NOORJAHAN ENTERPRISES INC

Principal Place of Business 906 E BRANDON BLVD BRANDON FL 33511	Mailing Address 906 E BRANDON BLVD BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1506 SAMMONDS Rd Suite, Apt. #, etc.	3. Mailing Address 906 E. BRANDON Blvd Suite, Apt. #, etc.
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City & State PLANTCITY, FL	City & State BRANDON FL
Zip 33567	Zip 33511
Country HillsBOROUGH	Country HillsBOROUGH

4. FEI Number 59-2675160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUDHA, FARID S
906 E BRANDON BLVD
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name **FARID S. DUDHA**
 Street Address (P.O. Box Number is Not Acceptable)
1506 SAMMONDS ROAD
 City **PLANTCITY** FL Zip Code **33567**

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 *Farid S. Dudha* **03/11/02**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) 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, 2002 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 OWNER	<input type="checkbox"/> Delete
NAME FARID S. DUDHA	
STREET ADDRESS 906 E. BRANDON BLVD	
CITY-ST-ZIP BRANDON, FL, 33511	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Farid S. Dudha* **02/08/02** **813-784-6291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)