

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000082490**

1. Entity Name
NASAI ENTERPRISES, INC.

FILED

02 OCT 24 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**15996 NW 48TH AVE.
HIALEAH FL 33014**

Mailing Address
**15996 NW 48TH AVE.
HIALEAH FL 33014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16842 SW 50th St
Suite, Apt. #, etc.
House

3. Mailing Address
16842 SW 50th St
Suite, Apt. #, etc.
House

City & State
Miramar FL

City & State
Miramar FL

4. FEI Number
65-1131650

Applied For
 Not Applicable

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

Zip Country Zip Country
33027 USA 33027 USA

6. Name and Address of Current Registered Agent
**NASAI, KARRIEM
15996 NW 48TH AVE.
HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name
Nasai Karriem

Street Address (P.O. Box Number is Not Acceptable)
16842 SW 50th St

City
Miramar FL

Zip Code
33027

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 **Karriem Nasai** President **Karriem Nasai** 7-15-02
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.

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	President Karriem Nasai 16842 SW 50th St Miramar FL 33027	<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

12. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 EX **SIGNATURE REQUIRED** 7/15/02 954-392-5840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/02)