

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90097 033 ***150.00

DOCUMENT # P01000085231

1. Entity Name

NASER ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10300 FOREST HILLS ROAD

Suite, Apt. #, etc.

SPACE 209

City & State

WEST PALM BEACH, FL

Zip

33414

Country

UNITED STATES

3. Mailing Address

31014 MACKENZIE

Suite, Apt. #, etc.

City & State

WESTLAND, MI

Zip

48185

Country

UNITED STATES

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1133151

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARRY NASER

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

10300 FOREST HILLS ROAD

SPACE 209

City

WEST PALM BEACH

FL

Zip Code

33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**P
LARRY NASER
31014 MACKENZIE
WESTLAND, MI 48185**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Naser*

LARRY NASER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-11-03 734-458
8878**