

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90088 003 ***550.00

DOCUMENT # P01000099679

1. Entity Name
NAVAZISH CORPORATION

Principal Place of Business

4051 LIGUSTRUM DRIVE
 PALM HARBOR FL 34685

Mailing Address

4051 LIGUSTRUM DRIVE
 PALM HARBOR FL 34685

CHANGE OF ADDRESS

80136149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RAINBOW FOOD MART

Suite, Apt. #, etc.

10010 E. M.L.K. JR BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33610 Country **USA**

4. FEI Number

52-234-6965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HIRANI, HUSSAIN

4051 LIGUSTRUM DRIVE

PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$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 **P** ☐ Delete
 NAME **HIRANI, HUSSAIN**
 STREET ADDRESS **4051 LIGUSTRUM DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

HIRANI, HUSSAIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIRANI

727403-0183

Date

Daytime Phone #

CR2E034 (4/02)