

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90212 040 \*\*\*150.00

**DOCUMENT # P01000102658**

1. Entity Name  
**NEW YORK IMAGE ENTERPRISES INC.**



Principal Place of Business  
3161 W. OAKLAND PARK BLVD.  
#400  
OAKLAND PARK, FL 33311

Mailing Address  
3161 W. OAKLAND PARK BLVD.  
#400  
OAKLAND PARK, FL 33311

**10066211**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**454 N. Federal Highway**  
Suite, Apt. #, etc.

3. Mailing Address  
**7802 Kingspointe Pkwy**  
Suite, Apt. #, etc.  
**Suite # 207-B**

City & State  
**Boynton Beach, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**65-1147138**

Applied For  
Not Applicable

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

Zip Country  
**33435 USA**

Zip Country  
**32819 USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**J.A.O. SERVICES INC.**  
**7802 KINGSPOINTE PARKWAY**  
**SUITE 205**  
**ORLANDO, FL 32819**

Name  
**J.A.O. Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7802 Kingspointe Pkwy**  
**Suite # 207-B**  
City **Orlando** FL Zip Code **32819**

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]*

(NOTE: Registered Agent's signature required when amending)

**4/5/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$650.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**ABDELAZIZ, ABDELHAMID**  
**8002 80TH WAY**  
**WEST PALM BEACH, FL 33407**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**AZIZ, SOFANY**  
**8002 80TH WAY**  
**WEST PALM BEACH, FL 33407**

TITLE  
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☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/03**  
Date

Daytime Phone #

CR2E034 (10/02)