

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90099 016 ***150.00

DOCUMENT # P01000105775			
1. Entity Name RIZVI II, INC.			
Principal Place of Business 901 W STATE ROAD 84 FT LAUDERDALE FL 33315		Mailing Address 901 W STATE ROAD 84 FT LAUDERDALE FL 33315	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAPOTE, BEATRIZ M 799 BRICKELL PLAZA SUITE 700 MIAMI FL 33131		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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD PRESIDENT <input type="checkbox"/> Delete NAME Syed SHANAWAZ H. RIZVI. STREET ADDRESS 5213 NW 99 AVE SUNRISE FL 33351 CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 5213 N.W 99 AVE CITY-ST-ZIP SUNRISE FL 33351	
TITLE DIRECTOR (SECRETARY) <input type="checkbox"/> Delete NAME ZULFIQAR H. RIZVI. STREET ADDRESS 9993 N.W. 130th Street CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DIRECTOR (TREASURER) <input type="checkbox"/> Delete NAME JAWAID H. RIZVI. STREET ADDRESS 9993 N.W. 130th Street CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DIRECTOR (VICE PRESIDENT) <input type="checkbox"/> Delete NAME SYED S. RIZVI STREET ADDRESS 9993 N.W. 130th Street CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DIRECTOR <input type="checkbox"/> Delete NAME DILAWAR H. RIZVI. STREET ADDRESS 5328-W-20th Lane CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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: SIGNATURE Jan-14/2002 (954) 63-8512 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #			

CR2E034 (9/01)