

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

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90308 029 ***150.00

DOCUMENT # L03000044680	
1. Entity Name	
Shazim Enterprises Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 750 SR 436		3. Mailing Address 750 SR 436 4336 S Kirkman Road 701 CI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State Orlando, FL Casselberry FL	
Zip 32707	Country	Zip 32811 32707	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0405301		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MOHANI, SHAUKAT A	
Street Address (P.O. Box Number is Not Acceptable) 4336 S. KIRKMAN RD 701	
City ORLANDO FL 32811	Zip Code 32811

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOHANI, SHAUKAT A 4336 S. KIRKMAN RD, APT : - 701 ORLANDO FL 32811 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALI, SALEEM S 8945 Fowle Beach Loop 3751 CONROY ROAD APT 2312 Apt 219 ORLANDO FL 32839 US casselberry FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANJI, JALAUDDINN F 860 CYNTLANNA CIR. ALTAMONTE SPRINGS FL 32701
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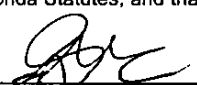
11.

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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:

 Saferen S. Ali
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-05

Date

4077671255

Daytime Phone #