

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90211 034 ***150.00

DOCUMENT # P94000026951

1. Entity Name
N H N PROPERTIES INC.

Principal Place of Business

23180 FLORALWOOD LN
BOCA RATON FL 33433

Mailing Address

23180 FLORALWOOD LN
BOCA RATON FL 33433

2. Principal Place of Business

5901 NW 61 AVE.

Suite, Apt. #, etc.

3. Mailing Address

5901 NW 61 AVE

Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

City & State

PARKLAND, FLORIDA

Zip

33067

Country

BROWARD

Zip

33067

Country

BROWARD

4. FEI Number

65-0481685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUQ, NIZAMUL

23180 FLORALWOOD LN
BOCA RATON FL 33433

Name

NIZAM HUQ

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

5901 NW 61 AVE.

City

PARKLAND,

FL

Zip Code

33067

7. Name and Address of New Registered Agent

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

[Signature] **NIZAM HUQ**

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

(NOTE: Registered Agent signature required when reinstating)

4/28/02

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 \$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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUQ, NIZAMUL	
STREET ADDRESS	23180 FLORALWOOD LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHOWDHURY, NAWSHED H	
STREET ADDRESS	10920 N DANBURY WAY	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUQ, NIZAMUL WILL	
STREET ADDRESS	23180 FLORALWOOD LN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUQ, NIZAMUL	
STREET ADDRESS	5901 NW 61 AVE	
CITY-ST-ZIP	PARKLAND, FL. 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUQ, NIZAMUL	
STREET ADDRESS	5901 NW 61 AVE	
CITY-ST-ZIP	PARKLAND, FL. 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **NIZAM HUQ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
 Date

561-901-6789
 Daytime Phone #

CR2E034 (9/01)