

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Monham

Secretary of State

DIVISION OF CORPORATIONS

FILED

95 JUL 31 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063911 (9)

1. Corporation Name

NUR, INC.

Principal Place of Business

5174 MINTO ROAD
BOYNTON BEACH FL 33437

Mailing Address

5174 MINTO ROAD
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 2881 W. BROWARD BLVD

2a. Mailing Address

26 2881 W. BROWARD BLVD

4. FEI Number

65-0515356

Applied For

Not Applicable

Suite, Apt. #, etc.

22 2

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 FORT LAUDERDALE

City & State

28 FORT LAUDERDALE

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33312

Country

25

Zip

29 33312

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARAI, ANDRE
5174 MINTO ROAD
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name

MARAI, ANDRE

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

5337 CEDAR LAKES RD

83

APT 11-16

84

BOYNTON BEACH

FL

85

Zip Code

33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

6/15/95

DAY (Signature of current or former registered agent and the corporation)

DATE (Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAMUN, MIRZA AL
STREET ADDRESS 2881 WEST BROWARD BOULEVARD
CITY, ST, ZIP FORT LAUDERDALE FL 33312

TITLE VPD
NAME MAMUN, MIRZA AL
STREET ADDRESS 2881 WEST BROWARD BOULEVARD
CITY, ST, ZIP FORT LAUDERDALE FL 33312

TITLE SD
NAME MAMUN, MIRZA AL
STREET ADDRESS 2881 WEST BROWARD BOULEVARD
CITY, ST, ZIP FORT LAUDERDALE FL 33312

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

VPD ☒ Change ☐ Addition

ZUBARI, MIRZA AL

2881 WEST BROWARD BLVD

FORT LAUDERDALE FL 33312

SD ☒ Change ☐ Addition

MASUD, MIRZA AL

2881 WEST BROWARD BLVD

FORT LAUDERDALE FL 33312

Change ☐ Addition ☐

Change ☐ Addition ☐

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SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95 (305) 791-0447