

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90171 037 \*\*\*150.00

DOCUMENT # P94000063911

1. Corporation Name  
NUR, INC.



Principal Place of Business  
2881 W BROWARD BLVD  
2  
FT LAUDERDALE FL 33312  
US

Mailing Address  
2881 W. BROWARD BLVD.  
FT LAUDERDALE FL 33312  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

65-0515356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 3390 W. DAVIE BLVD

2a. Mailing Address

26 3390 W. DAVIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT LAUDERDALE

City & State

28 FORT LAUDERDALE

Zip

24 FL 33312

Country

Zip

29 FL 33312

Country

30

9. Name and Address of Current Registered Agent

ANDRE, MARAIS  
2881 W BROWARD BLVD  
APT 236  
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

ANDRE MARAIS

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

6619 SOMERSET DRIVE

83 #203

84 City

BOCA RATON

FL

85 Zip Code

33433

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, type or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

4-17-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE VPO ☐ DELETE

NAME ZUBARI, MIRZA AL  
STREET ADDRESS 2881 WEST BROWARD BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

President (954) 962-6533

CR2E034 (11/98)

0315295