

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91340 042 ***150.00

DOCUMENT # P94000067005

1. Entity Name
NABIL, INC.



Principal Place of Business
**3055 NW SOUTH RIVER DR
MIAMI FL 33142
US**

Mailing Address
**3055 NW SOUTH RIVER DR
MIAMI FL 33142
US**

2. Principal Place of Business

3. Mailing Address

10703 NW 48 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL SPRINGS, FLORIDA

Zip

Country

Zip **33076**

Country

USA

4. FEI Number **65-0519670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASSAN, MOHAMED M
3055 N.W. SOUTH RIVER DR
MIAMI FL 33142**

Name **HASSAN, MOHAMED M**

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

10703 NW 48 STREET

City **CORAL SPRINGS**

FL

Zip Code

33076

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
HASSAN, MOHAMED M
12315 SW 151 ST #205
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
HASSAN, MOHAMED M
10703 NW 48 ST
CORAL SPRINGS, FL- 33076** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
AKHTER, NILUFA
281 FORSYTH ST
BOCA RATON FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AKHTER, NILUFA
281 FORSYTH ST
BOCA RATON, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

954-394-9760

Daytime Phone #

CR2E034 (10/02)