

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081705

1. Entity Name

NEWLOOK ENTERPRISES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90070 040 \*\*\*150.00

Principal Place of Business

Mailing Address

9075 TAFT ST.  
 PEMBROKE PINES FL 33024  
 US

9075 TAFT ST.  
 PEMBROKE PINES FL 33024-4650  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0615704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAKHA, ZULFIQAR  
 3641 W BELL DRIVE  
 DAVIE FL 33328

Name **FARAH N. AKHTAR**

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

**9075- TAFT STREET,**

City **PEMBROKE PINES FL**

Zip Code **33024**

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]*

**FARAH N. AKHTAR, PRESIDENT 4/20/00**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete  
 NAME **AKHTAR, FARAH NAZ**  
 STREET ADDRESS **8301 NW 177 ST**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **FARAH N. AKHTAR**  
 STREET ADDRESS **9075-TAFT STREET,**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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]* **FARAH NAZ AKHTAR, PRESIDENT 4/20/00 (954) 437 9601**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)