

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)-- 2002**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 005 ***150.00

DOCUMENT # P96000015242

1. Entity Name

SHAHNOOR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9417 Harding Avenue

Suite, Apt. #, etc.

3. Mailing Address

9417 Harding Avenue

Suite, Apt. #, etc.

80068646

DO NOT WRITE IN THIS SPACE

City & State

Surfside, FL 33154

City & State

Surfside, FL 33154

4. FEI Number

65-0647778

Applied For

Not Applicable

Zip

33154

Country

Zip

33154

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sadruddin, Suleman

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

9417 Harding Avenue

City

Surfside

FL

Zip Code
33154

**DO NOT WRITE
IN THIS SPACE**

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, 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP**

PD

Sadruddin, Suleman

9417 Harding Ave.,

Surfside, FL 33154

**TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

Suleman Sadruddin, Pres. ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/02
305-866-0073
08954-605-5270

CR2E034B (12/01)