

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000039694**1. Entity Name  
SAAD SANA NIDA, INC.**Principal Place of Business**

6941 CARLYLE AVENUE, SUITE 202

MIAMI BEACH  
33141

FL

**Mailing Address**C/O A. NINI  
PO BOX 415514  
MIAMI BEACH  
33141

FL

**2. Principal Place of Business**

6941 CARLYLE AVENUE

**3. Mailing Address**

C/O N. NINI

Suite, Apt. #, etc.  
APT. 202Suite, Apt. #, etc.  
PO BOX 415514City & State  
MIAMI BEACH

FL

City & State  
MIAMI BEACH

FL

Zip  
33141

Country

Zip  
33141

Country

**4. FEI Number****65-0691215**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**NINI A. G.  
6491 CARLYLE AVE #202MIAMI  
33141

FL

US

**7. Name and Address of New Registered Agent**

Name

NINI N.

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

6491 CARLYLE AVE

APT. 202

City  
MIAMI

FL

Zip Code  
33141

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 **N. NINI**

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

(NOTE: Registered Agent signature required when reinstating)

**01/08/2001**

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, 2001 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**TITLE PSTD ☐ Delete  
NAME NINI A.  
STREET ADDRESS 6941 CARLYLE AVENUE, SUITE 202  
CITY-ST-ZIP MIAMI BEACH FL 33141TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE P ☒ Change ☐ Addition  
NAME NINI N.  
STREET ADDRESS 6941 CARLYLE AVENUE, SUITE 202  
CITY-ST-ZIP MIAMI BEACH FL 33141TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: N. Nini**

P

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)