

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90458 037 \*\*\*150.00

**DOCUMENT # P96000087030**

1. Entity Name  
**NASS ENTERPRISES, INC.**

Principal Place of Business

**23180 FLORAWOOD LANE  
BOCA RATON FL 33433**

Mailing Address

**23180 FLORAWOOD LANE  
BOCA RATON FL 33433**

2. Principal Place of Business

**5901 NW 61 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**5901 NW 61 AVE**

Suite, Apt. #, etc.

City & State

**PARKLAND, FLORIDA**

City & State

**PARKLAND, FLORIDA**

4. FEI Number

**65-0704378**

Applied For

Not Applicable

Zip

**33067**

Country

**BROWARD**

Zip

**33067**

Country

**BROWARD**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUQ, SYEDA**

**23180 FLORAWOOD LANE  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

**HUQ, NIZAMUL**

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

**5901 NW 61 AVE.**

City

**PARKLAND**

**FL**

Zip Code

**33067**

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

**Nizamul Huq (S)**

**4-28-02**

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, 2002 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 **PD** ☒ Delete  
NAME **HUQ, SYEDA**  
STREET ADDRESS **23180 FLORAWOOD LANE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **AS** ☒ Delete  
NAME **HUQ, NIZAM WILL**  
STREET ADDRESS **23180 FLORAWOOD LANE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **HUQ, SYEDA**  
STREET ADDRESS **5901 NW 61 AVE**  
CITY-ST-ZIP **PARKLAND, FL. 33067**

TITLE **AS** ☒ Change ☐ Addition  
NAME **HUQ, NIZAMUL**  
STREET ADDRESS **5901 NW 61 AVE**  
CITY-ST-ZIP **PARKLAND, FL. 33067**

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

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

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

TITLE ☐ 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:

**Nizamul Huq (S)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/28/02**

Daytime Phone #

**561-901-6789**

CR2E034 (9/01)