

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000005698**1. Entity Name
LIAQAT ZAMAN ASSOCIATES, INC.Principal Place of Business
4281 S.W. 15 ST.
MIAMI FL 331343805Mailing Address
4281 S.W. 15 ST.
MIAMI FL 331343805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0729560

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 AgentKHAN MALIK SARDAR
4281 S.W. 15 ST.
MIAMI FL 331343805 US**7. Name and Address of New Registered Agent**Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ **04/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMAN GULNAR	
STREET ADDRESS	MBC #16, P.O. BOX 3354	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA A	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMAN SHAHID	
STREET ADDRESS	MBC #16, P.O. BOX 3354	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA A	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMAN RASHID	
STREET ADDRESS	MBC #16, P.O. BOX 3354	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA A	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMAN SAIMA	
STREET ADDRESS	MBC #16, P.O. BOX 3354	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA A	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMAN YASMEEN	
STREET ADDRESS	MBC #16, P.O. BOX 3354	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA A	
TITLE	PSTC	<input type="checkbox"/> Delete
NAME	ZAMAN LIAQAT DR	
STREET ADDRESS	MBC #16, P.O. BOX 3354	
CITY-ST-ZIP	RIYADH, SAUDI ARABIA A	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: DR. LIAQAT ZAMAN

PSTC 04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)