

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058264

1. Entity Name
AL-GHAZI, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90015 037 ***150.00

Principal Place of Business
1801 PALM BEACH LAKES BLVD.
SUITE 884
WEST PALM BEACH FL 33401
US

Mailing Address
3676 MILL-LAKE CIRCLE
GREEN ACRES FL 33463

00017214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6572 SPRING MEADOW DR
Suite, Apt. #, etc.

City & State

City & State
GREEN ACRES

4. FEI Number 65-0764961
Applied For
Not Applicable

Zip Country

Zip Country
FL 33413

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

ALI, AMIR
3676 MIL-LAKE CIRCLE
GREEN ACRES FL 33463

Name
Street Address (P.O. Box Number is Not Acceptable)
6572 SPRING MEADOW DR
City GREEN ACRES FL Zip Code 33413

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 X (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, 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-----------------------|---------------------------------|---|--|--|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALI, AMIR | | NAME | | |
| STREET ADDRESS | 3676 MILL-LAKE CIRCLE | | STREET ADDRESS | 6572 SPRING MEADOW DR | |
| CITY-ST-ZIP | GREEN ACRES FL 33463 | | CITY-ST-ZIP | GREEN ACRES, FL 33413 | |
| TITLE | VSD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALI, DILSHAD | | NAME | | |
| STREET ADDRESS | 3676 MILL-LAKE CIRCLE | | STREET ADDRESS | 6572 SPRING MEADOW DR | |
| CITY-ST-ZIP | GREEN ACRES FL 33463 | | CITY-ST-ZIP | GREEN ACRES, FL 33413 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: X Amir Ali AMIR ALI, PRESIDENT 2-10-01 561-688-9943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)