

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90480 005 ***150.00

0472257 AV

DOCUMENT # P97000102862

1. Entity Name
NOFAL ENTERPRISES, INC.



Principal Place of Business
**19152 DOVE CREEK DRIVE
TAMPA FL 33647**

Mailing Address
**19152 DOVE CREEK DRIVE
TAMPA FL 33647**

60023440



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 **59-3485011**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NOFAL, ZAID
19152 DOVE CREEK DRIVE
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **BAKER AWSHAH**
Street Address (P.O. Box Number is Not Acceptable)
4803 E. POINSETTIA AVE.
City **TAMPA** FL Zip Code **33617**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Baker Awshah* **BAKER AWSHAH** **4/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NOFAL, ZAID A	
STREET ADDRESS	19152 DOVE CREEK DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AWSHAH, BAKER	
STREET ADDRESS	4803 E. POINSETTIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AWSHAH, BAKER	
STREET ADDRESS	4803 E. POINSETTIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WASHAH, NASIM	
STREET ADDRESS	4803 E. POINSETTIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHAH, NASIM	
STREET ADDRESS	4803 E. POINSETTIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	AWSHAH, BAKER	
STREET ADDRESS	4803 E. POINSETTIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33617	

11. 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHAH, NASIM	
STREET ADDRESS	4803 E. POINSETTIA AVE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AWSHAH, BAKER	
STREET ADDRESS	4803 E. POINSETTIA AVE	
CITY-ST-ZIP	TAMPA, FL 33617	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Baker Awshah* **BAKER AWSHAH** **4/23/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)