

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90104 019 ***150.00

DOCUMENT # P98000001069

1. Entity Name

NS CORP #101

Principal Place of Business Mailing Address
 18198 NE 19TH AVENUE 18198 NE 19TH AVENUE
 N. MIAMI BEACH, FL 33162 N. MIAMI BEACH, FL 33162

2. Principal Place of Business 3. Mailing Address
 8711 CYPRESS LAKE DR 8711 CYPRESS LAKE DR

Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 1 SUITE 1

City & State City & State
 FORT MYERS, FLORIDA FORT MYERS, FLORIDA

Zip Country Zip Country
 33919 USA 33919 USA

4. FEI Number: 65-0803601 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

00058232

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MOHAMMED ILIAS
 18198 NE 19TH AVENUE
 N. MIAMI BEACH, FLORIDA 33162

Name
 MOHAMMED ILIAS
 Street Address (P.O. Box Number is Not Acceptable)
 8711-1 CYPRESS LAKE DRIVE
 City Zip Code
 FORT MYERS FL 33919

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 *Mohammed Ilias* MOHAMMED ILIAS 05/17/2000
 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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	MOHAMMED ILIAS	
STREET ADDRESS	5356 SUMMERLIN RD' APT 7	
CITY - ST - ZIP	FORT MYERS, FL 33919	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	MOHAMMED MANIRUZZAMAN	
STREET ADDRESS	18198 NE 19TH AVENUE	
CITY - ST - ZIP	N MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED ILIAS	
STREET ADDRESS	5356 SUMMERLIN RD, APT 7	
CITY - ST - ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRIN ILIAS	
STREET ADDRESS	5356 SUMMERLIN RD, APT 7	
CITY - ST - ZIP	FORT MYERS, FL 33919	
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: *Mohammed Ilias* MOHAMMED ILIAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00 941-437-1113
 Date Daytime Phone #