

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012388

1. Entity Name

ADNAN CORPORATION, INC.

FILED

Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90059 028 ***150.00

Principal Place of Business

4144 SW 64TH AVENUE
DAVIE FL 33314

Mailing Address

4144 SW 64TH AVENUE
DAVIE FL 33314-3463

2. Principal Place of Business

4144 SW 64th Ave

3. Mailing Address

4144 SW 64th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AVE

City & State

DAVIE

City & State

DAVIE

4. FEI Number

65-0819270

Applied For

Not Applicable

Zip

FL

Country

33314

Zip

FL

Country

33314

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ISMAL, ASIF
4144 SW 64TH AVENUE
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name MUSTAFA G ISMAIL

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

4144 SW 64th Ave

City DAVIE

FL

Zip Code

33314

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

Asif G Ismail

Mustafa G Ismail

2/2/2000

Signature, type 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 PSD
NAME ISMAIL, ASIF
STREET ADDRESS 4144 SW 64TH AVENUE
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME MUSTAFA G ISMAIL
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIRECTOR
NAME ASIF G ISMAIL
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2000

954-581-5711

CR2E034 (9/99)