

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020004

1. Entity Name

RAMZI + NASER INCORPORATED

Principal Place of Business

Mailing Address

NEW ADDRESS
5070 ASHLEY LAKE DR #817
BOYNTON BEACH, FL 33445

SAME

2. Principal Place of Business

4801 LINTON BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

Zip

33445

Country

FLORIDA

Zip

Country

4. FEI Number

65-0813689

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00069428

6. Name and Address of Current Registered Agent

ABU-ISHED, RAMZI
5070 ASHLEY LAKE DR #817
BOYNTON BEACH, FL 33445

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ABU-IRSHAD, RAMZI
5070 ASHLEY LAKE DR #817
BOYNTON BEACH FL 33445

☐ Delete

TITLE
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CITY-ST-ZIP
ABU-IRSHAD, NASER
5070 ASHLEY LAKE DR #817
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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

4-15-2000 561-637-4899

Date

Daytime Phone #

CR2E034 (9/99)