

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025852

1. Entity Name

NOOR RESOURCES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90057 034 \*\*\*150.00

Principal Place of Business

Mailing Address

4369 ROOSEVELT BLVD.  
JACKSONVILLE FL 32210

4369 ROOSEVELT BLVD.  
JACKSONVILLE FL 32210-2070

2. Principal Place of Business

201 Park Avenue

3. Mailing Address

201 Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park

City & State

Orange Park

4. FEI Number

59-3499647

Applied For

Not Applicable

Zip

Country

FL 32073

Zip

Country

FL 32073

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

ELKINS, HAROLD  
6061 MERRILL ROAD  
JACKSONVILLE FL 32277

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS QURAESHI, SHAD  
CITY-ST-ZIP 4369 ROOSEVELT BLVD. 201 Park Avenue  
JACKSONVILLE FL 32210 Orange Park FL 32073

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-00

904-269-4494

CR2E034 (9/99)