

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90019 044 ***150.00

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 AV

DOCUMENT # P98000027018

1. Entity Name

FRAMIR INTERNATIONAL, INC.

Principal Place of Business

**11816 NW 10TH AVENUE
 MIAMI FL 33168**

Mailing Address

**7845 NW 148TH STREET
 MIAMI LAKES FL 33016**

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

65-0822787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIDDIQ, ZOHRA AMIN
 11816 NW 10TH AVE
 MIAMI FL 33168**

Name **SIDDIQ MOHAMMED A**

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

11816 N.W 10th AVE

City **MIAMI**

FL

Zip Code
33168

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 **SIDDIQ MOHAMMED A.**

Signature, typed or printed name of registered agent and title if applicable.

Siddiq Mohammad A

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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, 2002 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 **DPST** ☒ Delete
 NAME **SIDDIQ, ZOHRA AMIN**
 STREET ADDRESS **11810 NW 10TH AVE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **SIDDIQ MOHAMMED A**
 STREET ADDRESS **11816 N.W 10th AVE**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **Siddiq Mohammad A**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305/364-4888

CR2E034 (9/01)