

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040104

1. Entity Name

NIZAR CORPORATOPM

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90048 049 ***150.00

Principal Place of Business

Mailing Address

2570 WEST 12TH AVENUE
HIALEAH FL 33010

2570 WEST 12TH AVENUE
HIALEAH FL 33010-1803

2. Principal Place of Business

3. Mailing Address

4545 N.W. 7 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33126

USA

4. FEI Number

65-0836693

Applied For

Not Applicable

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

AHMAD, ABDEL R
6720 WHITE OAK DRIVE
MIAMI LAKES FL 33014

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)

4-12-00

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	PVST	<input checked="" type="checkbox"/> Delete
NAME	AHMAD, ABDEL R	
STREET ADDRESS	2570 WEST 12TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AHMAD, ABDEL R	
STREET ADDRESS	2570 WEST 12TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
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		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamil, Ali Mahmoud	
STREET ADDRESS	6776 Orchid Drive	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamil, Ali Mahmoud	
STREET ADDRESS	6776 Orchid Drive	
CITY-ST-ZIP	Miami Lakes, FL 33014	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ali M. Jamil

Date

Daytime Phone #

4-12-00 (305)

CR2E034 (9/99)