

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90966 039 ***150.00

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DOCUMENT # P98000040104

1. Entity Name
NIZAR CORPORATION



Principal Place of Business
2570 WEST 12TH AVENUE
HIALEAH FL 33010

Mailing Address
4545 N.W. 7 ST.
12
MIAMI FL 33126

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 **65-0836693**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMIL, ALI MAHMOUD
6776 ORCHID DRIVE
MIAMI LAKES FL 33014

Name

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

17474 N.W. 91 Ave.

City **Hiami**

FL

Zip Code **33018**

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. I am familiar with, and accept the obligations of registered agent.

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

Ali H. Jamil
Pres.

(NOTE: Registered Agent signature required when reinstating)

03-15-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **JAMIL, ALI M**
STREET ADDRESS **6776 ORCHID DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **17474 N.W. 91 Ave.**
CITY-ST-ZIP **Hiami, FL 33018**

TITLE **D** ☐ Delete
NAME **JAMIL, ALI M**
STREET ADDRESS **6776 ORCHID DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

☒ Change ☐ Addition
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NAME
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CITY-ST-ZIP **Hiami, FL 33018**

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-03

Date

305-884-4203

Daytime Phone #

CR2E034 (10/02)