

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90090 031 ***150.00

DOCUMENT # P98000042913

1. Entity Name
NEDJADI DATA BASE SERVICES, INC.

Principal Place of Business
5317 RAINBOW DR
TEMPLE TERRACE FL 33617

Mailing Address
PO BOX 16952
JACKSONVILLE FL 32245-6952



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3511843**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

NEDJADI, ABDELKADER
5317 RAINBOW DR
TEMPLE TERRACE FL 33617

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, 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 ☐ Delete
 NAME **PVST**
 STREET ADDRESS **NEDJADI, ABDELKADER**
 CITY-ST-ZIP **5317 RAINBOW DR**
TEMPLE TERRACE FL 33617

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NEDJADI, ABDELKADER**
 CITY-ST-ZIP **5317 RAINBOW DR**
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

Mildred Lopez
Mildred Lopez
Abdelkader Nedjadi
Abdelkader Nedjadi

attested POA

2-18-02

CD2F034 (9/01)

Attachment Document #

998000042913
745420

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Abdelkader Nedjadi, also known as Ben Nedjadi, of Temple Terrace, Florida, do hereby appoint, Mildred Lopez, as my true and lawful attorney-in-fact, for me, and in my name, place, and stead, and for my use and benefit.

I further give and grant unto my said attorney-in-fact, Mildred Lopez, full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

WITNESS my hand and seal this 3 day of January, 2002, at Tampa, Florida.

Abdelkader Nedjadi
Abdelkader Nedjadi

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The undersigned, personally appeared Abdelkader Nedjadi, who, being well known to me, after being first duly sworn, deposes and says that he executed the foregoing Power of Attorney for the uses and purposes stated therein.

Executed this 3 day of January, 2002.

[Signature]
Notary Public, State of Florida

Loures Alina Perez
Printed Name

My Commission Expires:

