2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000084052

1. Entity Name FAIZAAN INC



Apr 16, 2003 8:00 am § Secretary of State **FILED**

i Aizaalii,	1140.			,							
Principal Place of Business Mailing Address 8175 WILES ROAD 8175 WILES ROAD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33			WILES ROAD	167							
2. Principal F	Place of Business	3. Mailing Address					!	i 83(86;6(11118 1101 TEBA	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1	☐ CHECK HERE	IF MAKING	CHANGES		
City & State		City & State				4.	4. FEI Number 65-0866462 Applied For			pplied For	
Zip Country		Zip Countr			trv			Not Applicable \$8.75 Additional			
p				ÇOLI II	,	1	Certificate of Status Desired		ee Require		
	6. Name and Address of Current	Registere	d Agent		Name	7.	Name and Address of New R	egistered A	gent		
LYONS, JAMES B ESQ.											
1881 UNIVERSITY DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
SUITE #20	06 - 🔭										
CORAL SE	PRINGS FL 33071				City			FL	Zip Cod	e	
	e named entity submits this statement fo lions of registered agent."	r the purp	ose of changing its	registere	ed office or regis	tered a	gent, or both, in the State of Flo.		amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	ficable. (NOTE	: Registered	d Agent signature requi	ired when	reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				•	Election Campaign Fin. Trust Fund Contribution	· · -		0 May Be I to Fees	
10.	OFFICERS AND		RS	11.		A	 \DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAJWANY, NURUDDIN 6502 N. STATE RD 7 COCONUT CREEK FL 33073		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAJWANY, BADRUDDIN 8175 WILES ROAD CORAL SPRINGS FL 33067		☐ Delete		I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	garage against the second of t		Oelete		ı		Construction of the second		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	ALC: FIVE	□ Delete	CITY-	ET ADDRESS ST-ZIP	0	440 67/0/// 5	() all a	☐ Change	Addition	

indicated on this report or suppliemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR