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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000090443

1. Corporation Name
NOORANI ENTERPRISES, INC.



Principal Place of Business
8303 WEST SAMPLE ROAD #4
CORAL SPRINGS FL 33065

Mailing Address
8303 WEST SAMPLE ROAD #4
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1998

2. Principal Place of Business

21 **248 S FEDERAL Hwy**

Suite, Apt. #, etc.

22

City & State
DEERFIELD BEACH, FL

Zip Country
33441 BROWARD

24

2a. Mailing Address

26 **248 S FEDERAL Hwy**

Suite, Apt. #, etc.

27

City & State
DEERFIELD BEACH, FL

Zip Country
33441 BROWARD

29 30

4. FEI Number

59-3539647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
NIZAR VALLYANI
82 Street Address (P.O. Box Number is Not Acceptable)
3329 N W 101 AVENUE
83
84 City
CORAL SPRINGS FL 85 Zip Code
33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Nizar Vallyani

NIZAR VALLYANI, PRES.

3-11-99.

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

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE
PRES ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
PRES. ☐ Change ☒ Addition
1.2 NAME
NIZAR VALLYANI
1.3 STREET ADDRESS
3329 N W 101 AVE
1.4 CITY-ST-ZIP
CORAL SPRINGS, FL 33065

2.1 TITLE
V. PRES ☐ Change ☒ Addition
2.2 NAME
NOOR VALLYANI
2.3 STREET ADDRESS
3329 N W 101 AVENUE
2.4 CITY-ST-ZIP
CORAL SPRINGS, FL 33065

3.1 TITLE
JOINT SEC/TREA. ☐ Change ☒ Addition
3.2 NAME
JOHNA NOORANI
3.3 STREET ADDRESS
3329 N W 101 AVE
3.4 CITY-ST-ZIP
CORAL SPRINGS, FL 33065

4.1 TITLE
☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nizar Vallyani

NIZAR VALLYANI 3-11-99. 954-425-0490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)