

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090443

Entity Name

NOORANI ENTERPRISES, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90013 046 ***150.00

Principal Place of Business

48 S FEDERAL HWY
DEERFIELD BEACH FL 33441

Mailing Address

248 S FEDERAL HWY
DEERFIELD BEACH FL 33441

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 59-3539647

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VALLYANI, NIZAR
3329 NW 101 AVE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
NOOR VALLYANI
Street Address (P.O. Box Number is Not Acceptable)
4450 NW 53RD CT
City
CORAL SPRINGS FL Zip Code
33076

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VALLYANI, NIZAR	
STREET ADDRESS	3829 NW 101 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALLYANI, NOOR	
STREET ADDRESS	3329 NW 101 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	NORRALI, JOWAD	
STREET ADDRESS	3329 NW 101 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOOR VALLYANI	
STREET ADDRESS	4450 NW 53RD CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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

Date

Daytime Phone #

CR2E034 (10/00)