

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102908

1. Entity Name

MURID ENTERPRISES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90113 021 ***158.75

Principal Place of Business
801 E. Commercial Blvd.
Oakland Park, FL 33334

Mailing Address
801 E. Commercial Blvd.
Oakland Park, FL 33334

80057130

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip

City & State
Zip

4. FEI Number
65-0896476

Applied For
Not Applicable

Country
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

Name
James B. Lyon

Street Address (P.O. Box Number is Not Acceptable)
1881 University Drive, Suite 206

City
Coral Springs, Florida FL Zip Code 33071

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

Mar 16, 2000

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	Bahadurali Lakhani	801 E. Commercial Blvd.	Oakland Park, FL 33334				
D	Riaz Kassim	801 E. Commercial Blvd.	Oakland Park, FL 33334				

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 #

B. E. Lakhani B. ALI LAKHANI

3/16/00

954-345-4199

CR2E034 (9/99)