

2000 UNIFORM BUSINESS REPORT (UBR)

3/1.

FILED

May 17, 2000 8:00 am
Secretary of State

03-14-2000 90003 031 ***150.00

DOCUMENT # P98000108343

1. Entity Name

NINUKINS, INC.

Principal Place of Business

Mailing Address

**1465 NORTH PARK DRIVE
WESTON FL 33326**

**1465 NORTH PARK DRIVE
WESTON FL 33326-3208**

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

APPLIED FOR

Applied For

Not Applicable

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

**ROSEN, HARRY M
2500 WESTON ROAD STE 220
WESTON FL 33331**

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 reinstalling)

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	PORBANDERWALA, ABID		
STREET ADDRESS	1465 NORTH PARK DRIVE		
CITY-ST-ZIP	WESTON FL 33326		
DTD	KASSAM, MOBI		
STREET ADDRESS	1465 NORTH PARK DRIVE		
CITY-ST-ZIP	WESTON FL 33326		

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 is supplemental information 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 agent or the person authorized 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 the address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)