## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am DOCUMENT # P9900001589 1. Entity Name Secretary of State N & N ENTERPRISES, INC. 05-14-2001 90023 030 \*\*\*158.75 Principal Place of Business Mailing Address - 3844 PINE LAKE DRIVE 3844 PINE LAKE DRIVE PLAN TATION, FL. 53344 MESTON FL 00000 264NW 102 TEAR WESTON FL 22002 PLANTATION FL. 33324 2. Principal Place of Business 3. Mailing Address 264NW 102 TEXR YNW 102 TELR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0884680 Not Applicable <sup>Zip</sup>3314 \$8.75 Additional 5. Certificate of Status Desired RROWARD 3331 Y Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WADHWA WADHWA, ASHWANI reet Address (P.O. Box Number is Not Acceptable) -3844 PINE LAKE DRIVE WESTON'FL 32322\_ Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE WADHWA, ASHWANI NAME NAME -2044 PINE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33332 CITY-ST-ZIP ☐ Delete TITLE WADHWA, POONAM NAME NAME 3844 PINE LAKE DRIVE STREET ADDRESS STREET ADDRESS PLANTATION, FL. 33324 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 99992 Delete\_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME

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 products are 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JRE AND TYPED OR PRINTED NAME OF CHAING OFFICER OR DIRECTOR