

# 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

**DOCUMENT #** P99000006958

1. Entity Name  
MUZAFFAR ENTERPRISES INC

*LP*

**FILED**

01 JUN 18 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10128 N NOB HILL CIR  
TAMARAC, FL 33321

Mailing Address  
10128 N NOB HILL CIR  
TAMARAC, FL 33321

2. Principal Place of Business  
10128 N NOB HILL CIR  
Suite, Apt. #, etc.

3. Mailing Address  
10128 N NOB HILL CIR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMARAC FL

City & State  
TAMARAC FL

4. FEI Number  
65-0900872

Applied For  
 Not Applicable

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

Zip Country Zip Country  
33321 USA 33321 USA

6. Name and Address of Current Registered Agent  
KHALIDA MALIK  
188 NW 118th DR  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent  
Name  
MUZAFFAR I MIRZA  
Street Address (P.O. Box Number is Not Acceptable)  
10128 N NOB HILL CIR  
City  
TAMARAC FL Zip Code  
33321

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 *Muzaffer* MUZAFFAR I MIRZA, PRESIDENT 6/1/2001  
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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  \$5.00  
Trust Fund Contribution. 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	SD KHALIDA MALIK 188 NW 118th DR CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUZAFFAR I MIRZA 10128 N NOB HILL CIR TAMARAC FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600004458126-6  
-07/03/01--01059--015  
\*\*\*\*317.50 \*\*\*\*317.50

*Admin DB*

CR2ED34 (9/99)

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: *Muzaffer* MUZAFFAR I MIRZA 6/1/2001 (954) 721-5387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #