

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90064 050 \*\*\*150.00

661312

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000052913  
**1. Entity Name**  
 ALNOOR INVESTMENT, INC.

**Principal Place of Business** 10809 N. 56<sup>th</sup> St  
 Tampa, Florida 33617  
**Mailing Address**

**2. Principal Place of Business** as above  
**3. Mailing Address** as above  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** 59-3583154  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Noor Salhab  
 10809 N. 56<sup>th</sup> St  
 Tampa, FL 33617

**7. Name and Address of New Registered Agent**  
 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** x Noor Salhab Pres. Dent 5/1/2000  
 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 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	Noor Salhab P <input type="checkbox"/> Delete 10809 N. 56 <sup>th</sup> St Tampa, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** x Noor Salhab NOOR SALHAB 5/1/2000 (813) 899-9801  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)