

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90155 013 ***158.75

DOCUMENT # P99000066872
 1. Entity Name
AL NOOR INTERNATIONAL, INC. ✓

Principal Place of Business Mailing Address
1816 Flagler Street Same
Key West Fl 33040

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 **65-0936382** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0056788

6. Name and Address of Current Registered Agent
Farah Fozia
14250 SW 90 Terrace
Miami Fl 33186

7. Name and Address of New Registered Agent
 Name **Mohammad Babar**
 Street Address (P.O. Box Number is Not Acceptable)
1816 Flagler Avenue
 City **Key West FL** Zip Code **33040**

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  DATE **3/22/01**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 ^{158.75}
After MAY 1, 2001 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

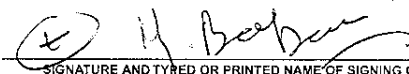
11. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	Farah Fozia
STREET ADDRESS	1816 Flagler Street KW Fl
CITY-ST-ZIP	
TITLE	VFD <input type="checkbox"/> Delete
NAME	Mirza, Fahim
STREET ADDRESS	1816 Flagler St. KW Fl 33040
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete
NAME	Babar, Mohammad
STREET ADDRESS	1816 Flagler St KW Fl 33040
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE **3/22/01**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (11/00)