

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085452

1. Entity Name

NOORE SHOE CO., INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90120 038 ***150.00

Principal Place of Business

Mailing Address

NE 7TH STREET #207
HALLANDALE FL 33009

130 NE 7TH STREET #207
HALLANDALE FL 33009-6475

2. Principal Place of Business

3228 DAVIE BLVD

Suite, Apt. #, etc.

3. Mailing Address

3228 DAVIE BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

Zip

33312

Country

BROWARD

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

BROWARD

4. FEI Number

65-0953806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHMED, AYESHA
130 NE 7TH STREET #207
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

SHAFIUL CHOWDHURY

Street Address (P.O. Box Number is Not Acceptable)

3228 DAVIE BLVD

City

FT. LAUDERDALE FL

Zip Code

33312

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, type or printed name of registered agent and title if applicable

SHAFIUL CHOWDHURY

(NOTE: Registered Agent signature required when reinstating)

04/12/00

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:

TITLE ☐ Delete

NAME D
STREET ADDRESS AHMED, AYESHA
CITY-ST-ZIP 130 NE 7TH STREET #207
HALLANDALE FL 33009

TITLE ☐ Delete

NAME D
STREET ADDRESS CHOWDHURY, SHAFIUL A
CITY-ST-ZIP 1301 NE 7TH STREET #207
HALLANDALE FL 33009

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAFIUL CHOWDHURY

Date

4/12/00

Daytime Phone #

954-792-4453

CR2E034 (9/99)