

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED

Aug 17, 2000 8:00 am  
Secretary of State

05-19-2000 90030 012 \*\*\*150.00

DOCUMENT # P99000097799

1. Entity Name

NAWAZ HOLDINGS, INC.

Principal Place of Business

Mailing Address

3228 NW 22 AVE  
FT LAUDERDALE FL 33309

3228 NW 22 AVE  
FT LAUDERDALE FL 33309-6496

2. Principal Place of Business

2800 NW 19th AVE ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

FT -

Zip

33311

Country

BOHNA

Zip

Country

4. FEJ Number

65-0958524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOWDHURY, SHAHID N  
3228 NW 22 AVE  
FT LAUDERDALE FL 33309

Name

SHAHID N. CHOWDHURY

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

3228 NW 22nd Ave

City

FT. LAUDERDALE

FL

Zip Code

33309

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

SHAHID N. CHOWDHURY

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 PD  
NAME CHOWDHURY, SHAHID N  
STREET ADDRESS 3228 NW 22 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME CHOWDHURY, SHAMSER N  
STREET ADDRESS 3228 NW 22 AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another like empowered.

SIGNATURE:

SHAHID N. CHOWDHURY

4/10/00

954.728.9655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/00/00000000