

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V45674**

1. Entity Name

KAMRAN & RIZWAN ENTERPRISES, INC.

Principal Place of Business

**8565 SW 24TH ST
STE 101
MIAMI FL 33155
US**

Mailing Address

**8565 SW 24TH ST
STE 101
MIAMI FL 33155
US**

2. Principal Place of Business

AS ABOVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0343491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AVCHEN, BARNEY B.
SUITE 226
1840 WEST 49TH STREET
HIALEAH FL 33012**

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

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. ☐

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **AKHTER, PERVEZ**
STREET ADDRESS **11969 SW 72 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **AKHTER, HUSSINA**
STREET ADDRESS **11969 SW 72 TERR**
CITY-ST-ZIP **MIAMI FL**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01. 305. 261-5577.

Date

Daytime Phone #

FILED
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90001 010 ***150.00



DO NOT WRITE IN THIS SPACE

0046097 AV

CR2E034 (5/01)

Attachment
A0080817
D# V45674

8/3/01.

Dear Sir.

I did not receive
the application from your
office for filing the Return
that's why I am sending you
the regular fee for Filing
I would appreciate your
consideration

Thanking you.
Yours faithfully,
S. P. H.
Peever Hatten.