

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46201

1. Entity Name

KOTHARI A AZAM, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NOV 27 PM 1:43

Principal Place of Business

6320 W. OAKLAND PARK BLVD.  
SUNRISE FL 33313

Mailing Address

6320 W. OAKLAND PARK BLVD.  
SUNRISE FL 33313

2. Principal Place of Business

P.O. Box - 190383

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box - 190383

Suite, Apt. #, etc.

City & State

SUNRISE - FL

City & State

SUNRISE - FL

Zip

33319

Country

Zip

33319

Country

REINSTATEMENT

4. FEI Number

65-0341461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOTHARI, KIRIT  
6320 W. OAKLAND PARK BLVD.  
SUNRISE FL 33313

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.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. 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	P	<input type="checkbox"/> Delete
NAME	KOTHARI, KIRIT	
STREET ADDRESS	6320 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AZAM, MOHAMMAD	
STREET ADDRESS	6320 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	600003493256--0	
STREET ADDRESS	-12/11/00--01034--016	
CITY-ST-ZIP	****15000 ****15100	
TITLE	750.00	<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KOTHARI KIRIT

Date

Daytime Phone #

10-9-00 954-739-3371

CR2E034 (5/00)