



Companies House

CS01_(ef)

Confirmation Statement

Company Name: **MISHREKI HEALTHCARE LIMITED**

Company Number: **11950326**



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Company Name: **MISHREKI HEALTHCARE LIMITED**

Company Number: **11950326**

Confirmation Statement date: **15/04/2023**

Sic Codes: **86210**

Principal activity description: **General medical practice activities**

Statement of Capital (Share Capital)

Class of Shares:	ORDINARY	Number allotted	51
	A	Aggregate nominal value:	51
Currency:	GBP		

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES, IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION AND IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY.

Class of Shares:	ORDINARY	Number allotted	49
	B	Aggregate nominal value:	49
Currency:	GBP		

Prescribed particulars

EACH SHARE IS ENTITLED TO ONE VOTE IN ANY CIRCUMSTANCES, IS ENTITLED PARI PASSU TO DIVIDEND PAYMENTS OR ANY OTHER DISTRIBUTION AND IS ENTITLED PARI PASSU TO PARTICIPATE IN A DISTRIBUTION ARISING FROM A WINDING UP OF THE COMPANY.

Statement of Capital (Totals)

Currency:	GBP	Total number of shares:	100
		Total aggregate nominal value:	100
		Total aggregate amount	0
		unpaid:	

Full details of Shareholders

The details below relate to individuals/corporate bodies that were shareholders during the review period or that had ceased to be shareholders since the date of the previous confirmation statement.

Shareholder information for a non-traded company as at the confirmation statement date is shown below

Shareholding 1: **51 ORDINARY A shares held as at the date of this confirmation statement**

Name: **ANDREW PHILIP MISHREKI**

Shareholding 2: **49 ORDINARY B shares held as at the date of this confirmation statement**

Name: **LINDSEY MISHREKI**

Confirmation Statement

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager,
Judicial Factor