

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90140 009 ***150.00

DOCUMENT # P01000080722

1. Entity Name

COMING TO AMERICA, INC.

Principal Place of Business

**5329 FLYING EAGLE LANE
KISSIMMEE FL 34746**

Mailing Address

**5329 FLYING EAGLE LANE
KISSIMMEE FL 34746**

2. Principal Place of Business

3501-W-VINE ST

Suite, Apt. #, etc.

SUITE-322-B

3. Mailing Address

P.O. Box 692704

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34741

Country

OSCEOLA

City & State

ORLANDO, FL

Zip

32869

Country

ORANGE

4. FEI Number

01-0625881

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANSARI, FAREED

5329 FLYING EAGLE LANE

KISSIMMEE FL 34746

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 individual or corporate officer or director if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/02

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, 2002 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 **D** ☐ Delete
NAME **ANSARI, FAREED**
STREET ADDRESS **5329 FLYING EAGLE LANE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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TITLE ☐ Change ☐ Addition
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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 FAREED ANSARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/02

0555502 AV

CR2E034 (9/01)