

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2001

FIL #

FILED
Jun 27, 2002 8:0
Secretary of Stat

DOCUMENT # **P00000038412**

1. Entity Name **ITEK.COM, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10613 SPRING HAMMOCK WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLORIDA

City & State

4. FEI Number

59-3636-907

Applied For

Not Applicable

Zip
32825

Country
ORANGE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAEED MIRZA

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

10613 SPRING HAMMOCK WAY

City **ORLANDO**

FL

Zip Code

32825

**DO NOT WRITE
IN THIS SPACE**

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

Saeed Mirza

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$650.00

Amended UBR is \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SAEED MIRZA 10613 SPRING HAMMOCK WAY ORLANDO, FLORIDA 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

032E034B (12/01)

*Call acct
+ 10th*
P00000038412

June 19, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32314

Dear Sirs:

Please find enclosed the UBR forms for the years 2001 and 2002 along with a check in the amount of \$300.00.

We have recently engaged a C.P.A. firm, which advised us that this form was not filed. We would appreciate an abatement based on our not knowing of this requirement.

Thank you,

S. Mirza
Saeed Mirza
President