


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90083 003 ***150.00

DOCUMENT # **F01000000368**

1. Entity Name
TOTAL EQUITY ORLANDO, INC.



Principal Place of Business
**ONE RODNEY SQUARE, 10TH FLOOR
TENTH AND KING STREETS
WILMINGTON DE 19801**

Mailing Address
**C/O J. LINDSAY BUILDER, JR.
369 NORTH NEW YORK AVENUE
WINTER PARK FL 32789**



2. Principal Place of Business
11936 S. RIDGEWAY

3. Mailing Address
11936 S. RIDGEWAY

Suite, Apt. #, etc.
1B

City & State
ALSIP, IL.

Zip
60803

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3692549

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BUILDER, J. LINDSAY JR.
369 N. NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD SHERWANI, MUSTAFA A.J. ONE RODNEY SQUARE, 10TH FLOOR WILMINGTON DE 19801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUILDER, J. LINDSAY JR. 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SHERWANI, MUSTAFA A.J. 11936 S. RIDGEWAY, #1B ALSIP, IL. 60803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NABEELA A. SHERWANI 11936 S. RIDGEWAY, #1B ALSIP, IL. 60803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE MUSTAFA A. SHERWANI 1/24/03 708-371-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)