

AMENDED

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625381

1. Entity Name

MEMPHUS, INC.

FILED

00 OCT -2 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

47 E. ROBINSON ST.  
SUITE 208  
ORLANDO, FL 32801

Mailing Address

725 N. MAGNOLIA  
ORLANDO, FL  
32801

2. Principal Place of Business

47 E ROBINSON ST.  
Suite, Apt. #, etc.  
SUITE 208

3. Mailing Address

725 N. MAGNOLIA  
Suite, Apt. #, etc.

City &amp; State

ORLANDO, FL

City &amp; State

ORLANDO, FL

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

4. FEL Number

59-2299281

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

ILYAS BAWANY  
725 N. MAGNOLIA  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

TAUFIQ BAWANY

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

725 N. MAGNOLIA

City

ORLANDO

FL

Zip Code

32801

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

TAUFIQ BAWANY

PRESIDENT

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Delete
NAME	ILYAS BAWANY
STREET ADDRESS	725 N. MAGNOLIA
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	SECRETARY / DIRECTOR <input type="checkbox"/> Delete
NAME	TAUFIQ BAWANY
STREET ADDRESS	7386 SPRING VILLA CIRUE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VICE PRES / DIRECTOR <input checked="" type="checkbox"/> Delete
NAME	AFSHAN BAWANY
STREET ADDRESS	725 N. MAGNOLIA
CITY-ST-ZIP	ORLANDO, FL 32801
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	PRESIDENT / SECRETARY / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUFIQ BAWANY
STREET ADDRESS	725 N. MAGNOLIA
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	TREASURER / VICE PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY S. LENART
STREET ADDRESS	725 N. MAGNOLIA
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VICE PRES / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEHMOODA BAWANY
STREET ADDRESS	725 N. MAGNOLIA
CITY-ST-ZIP	ORLANDO, FL 32801
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	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/26/00 407 345 9218

CR2E034 (5/00)