

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J67933

1. Entity Name  
GET ORGANIZED, INC.

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90490 047 \*\*\*150.00

Principal Place of Business

187 GOLF CLUB PLACE  
LONGWOOD FL 32779  
US

Mailing Address

187 GOLF CLUB PLACE  
LONGWOOD FL 32779  
US

2. Principal Place of Business

1904 Brengle Ave.  
Suite, Apt. #, etc.

3. Mailing Address

8207 White Swan Ct.  
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2794728

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32836

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENKIRAN, M. HAMED  
1904 BRENGLE AVENUE  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name  
M'hamed Benkiran

Street Address (P.O. Box Number is Not Acceptable)  
8207 White Swan Ct.

City  
Orlando

FL

Zip Code  
32836

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]*  
Signature, typed or printed name of registered agent and title if applicable.

M'hamed Benkiran

01/11/01

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO, Pres, Sec. + Tres.  
M'hamed Benkiran  
8207 White Swan Ct.  
Orlando, FL 32836 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO, Sec, Tres. + Pres. ☒ Change ☐ Addition  
M'hamed Benkiran  
8207 White Swan Ct.  
Orlando, FL 32836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. P. ☒ Change ☐ Addition  
Michele Diglio - Benkiran  
8207 White Swan Ct.  
Orlando, FL 32836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

\*

Daytime Phone #

\*

3/8/01 291-1553

CR2E034 (10/00)