

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01759

Entity Name

CONTEMPO DESIGN, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90101 010 ***150.00

Principal Place of Business

1500 ROCHELLE DR
WINTER HAVEN FL 33881
US

Mailing Address

1500 ROCHELLE DRIVE
WINTER HAVEN FL 33881

2. Principal Place of Business

8801 LATRIC AVE

3. Mailing Address

8801 LATRIC AVE

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip
32819

Country

ORANGE

Zip
32819

Country

ORANGE

4. FEI Number

59-2299847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHMAD, SHAHID
1500 ROCHELLE DRIVE
WINTER HAVEN FL 33881

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 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.

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$650.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AHMAD, SHAHID
STREET ADDRESS 1500 ROCHELLE DR.
CITY-ST-ZIP WINTER HAVEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME AHMAD, DEEBA M.
STREET ADDRESS 1500 ROCHELLE DR.
CITY-ST-ZIP WINTER HAVEN FL

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TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAHID AHMAD

Date

Daytime Phone #

4/28/00 (407)694-6058

CR2E034 (9/99)