

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 01, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90034 022 \*\*\*\*62.00

**DOCUMENT # N00000003276**1. Entity Name **ACADAMY**  
**AL GHANI-ACAMADY, INC.**

Principal Place of Business

**1516 MAJESTIC AVE**  
**TALLAHASSEE FL 32304**

Mailing Address

**P.O. BOX 911**  
**TALLAHASSEE FL 32302**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3650345**

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

Name

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

City

**FL**

Zip Code

**AMATUL-HAKEEM, NAJMAH**  
**1516 MAJESTIC AVE**  
**TALLAHASSEE FL 32304**

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

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
**Added to Fees****Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Owner</b>	<input type="checkbox"/> Delete
NAME	<b>Najmah A. Hakeem D</b>	
STREET ADDRESS	<b>1516 Majestic Ave</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32304</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Sheryl Abdur Rahman D</b>	
STREET ADDRESS	<b>1819 Debra</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32304</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Delete
NAME	<b>Imani Allen D</b>	
STREET ADDRESS	<b>2725 Cathedral Dr Lot 228</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>	
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"/> 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		
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 2, 2001 (850) 386-5885**

Date

Daytime Phone #

CR2E037 (10/00)