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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44098** **(4)**

1. Corporation Name

UNIVERSAL ACADEMY OF FLORIDA, INC.

Pg 1 of 2

Principal Place of Business	Mailing Address
7320 EAST SLIGH AVE. TAMPA, FLOIRDA 33610	7320 EAST SLIGH AVE. TAMPA, FLOIRDA 33610-9504

3. Date Incorporated or Qualified: 06/27/1991
3a. Date of Last Report: 07/31/1996

2. Principal Place of Business — 21:
Suite, Apt #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3119396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOHAMAD, IQBAL S
114 N. LOCKMOOR AVE.
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

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

83 800002176068
-05/13/97--01011--003

84 City ***61.25 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE M.I.SALEH 4/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	SALEH, M I DR		1.2 NAME	Saleh, M I Dr.	
STREET ADDRESS	114 N. LOCKMOOR AVE.		1.3 STREET ADDRESS	114 N. Lockmoor	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa FL 33617	
TITLE	T	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	FERAS, AL		2.2 NAME	Feras Al-Hlou	
STREET ADDRESS	4937 PURITAN CIRCLE		2.3 STREET ADDRESS	4937 Puritan Circle	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa FL 33617	
TITLE	D	☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	ATFEH, MUWAFFAK		3.2 NAME	Tarabishy, Emad	
STREET ADDRESS	11373 CORTEZ BLVD		3.3 STREET ADDRESS	4275 River Birch Dr	
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP	Brooksville FL 34609	
TITLE	D	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	MAHMALJI, GHAIATH		4.2 NAME	Ghiath Mahmalji	
STREET ADDRESS	14540 CORTEZ BLVD. 105		4.3 STREET ADDRESS	14540 Cortez Blvd #105	
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-ST-ZIP	Brooksville FL 34613	
TITLE	D	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	HAMOUI, NAZIR		5.2 NAME	Hamoui, Nazir	
STREET ADDRESS	14540 CORTEZ BLVD #124		5.3 STREET ADDRESS	14540 Cortez Blvd #124	
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP	Brooksville FL 34613	
TITLE	P	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GHASSAN, KSAIBATI		6.2 NAME	Ksaibat, Ghassan	
STREET ADDRESS	P.O. BOX 48		6.3 STREET ADDRESS	P. O. Box 48	
CITY-ST-ZIP	BRANDON FL		6.4 CITY-ST-ZIP	Brandon, FL 33549	N/A LS 5/6/97

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SUBSTITUTE REQUIRED M.I.SALEH 4/7/97 (813)664-0685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047836