

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 30 1998 8:00am⁸
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44098

(4)

1. Corporation Name

UNIVERSAL ACADEMY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

7320 EAST SLUGH AVE.
TAMPA, FLORIDA 33610

7320 EAST SLUGH AVE.
TAMPA, FLORIDA 33610



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

06/27/1991

4. FEI Number

59-3119396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 Saleh, Iqbal

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

6039 Lake Meadows

83

84 City Brooksville

FL

85 Zip Code 34601

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, VP

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-98

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	SALEH, M I DR
STREET ADDRESS	114 N. LOCKMOOR AVE.
CITY-ST-ZIP	TAMPA FL 33617
TITLE	D
NAME	FERAS, AL-HLOU
STREET ADDRESS	4837 PURITAN CIRCLE
CITY-ST-ZIP	TAMPA FL 33617
TITLE	D
NAME	ATFEH, MUWAFFAK
STREET ADDRESS	11373 CORTEZ BLVD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	P
NAME	MAHMALJI, GHAIATH
STREET ADDRESS	14540 CORTEZ BLVD. 105
CITY-ST-ZIP	BROOKSVILLE FL 34613
TITLE	T
NAME	HAMOU, NAZIR
STREET ADDRESS	14540 CORTEZ BLVD #124
CITY-ST-ZIP	BROOKSVILLE FL 34613
TITLE	P
NAME	GHAFFAN, KSAIBATI
STREET ADDRESS	P.O. BOX 48 N/A
CITY-ST-ZIP	BRANDON FL 33549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	YP
1.2 NAME	saleh, M I DR
1.3 STREET ADDRESS	6039 Lake Meadows
1.4 CITY-ST-ZIP	Brooksville FL 34601
2.1 TITLE	Director
2.2 NAME	Gamal Kassem
2.3 STREET ADDRESS	635 Rapid Falls Dr
2.4 CITY-ST-ZIP	Brandon FL 33511
3.1 TITLE	Director
3.2 NAME	Mahmoud Nimer
3.3 STREET ADDRESS	13359 Bolton Ct
3.4 CITY-ST-ZIP	Spring Hill FL 34609
4.1 TITLE	Director
4.2 NAME	Husam Shuayb
4.3 STREET ADDRESS	12259 Bolton Ct Royal Oak Dr
4.4 CITY-ST-ZIP	Spring Hill, FL 34608
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Magda Saleh

9-9-98 (813) 664-0695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)