# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 15, 2000 8:00 am**
**Secretary of State**
09-15-2000 90009 037 ****61.25

DOCUMENT # N44098

1. Entity Name

UNIVERSAL ACADEMY OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7320 EAST SLIGH AVE.<br>TAMPA. FLOIRDA 33610 | 7320 EAST SLIGH AVE.<br>TAMPA. FLOIRDA 33610 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3119396 ☐ 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 |
|---|---|
| SALEH, IQBAL<br>6039 LAKE MEADOWS<br>BROOKSVILLE FL 34601 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**FILE NOW: FEE IS $61.25**
**After September 13, 2000 min. will be $236.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SALEH, M I DR<br>6039 LAKE MEADOWS<br>BROOKSVILLE FL 34601 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KASSEM, GAMAL<br>635 RAPID FALLS DR<br>BRANDON FL 33511 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NIMER, MAHMOUD<br>13359 BOLTON CT<br>SPRING HILL FL 34609 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MAHMALJI, GHAIATH<br>14540 CORTEZ BLVD. 105<br>BROOKSVILLE FL 34613 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HAMOUI, NAZIR<br>14540 CORTEZ BLVD #124<br>BROOKSVILLE FL 34613 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Saad, Yasin<br>6215 S. Queensway Dr<br>Tampa, FL 33617 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HUSAM, SHYAYB<br>ROYAL OAK DR<br>SPRING HILL FL 34607 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D (First) (Last)<br>Yassir Kaadan<br>8516 Misty River Ct<br>Tampa, FL 33617 ☐ Change ☒ Addition |

CR2E037 (5/00)

12. 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 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 9/10/00 (352) 799-7619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #