

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44098

Entity Name: UNIVERSAL ACADEMY OF FLORIDA, INC.

FILED
Jul 26, 2004
Secretary of State

Current Principal Place of Business:

6801 ORIENT ROAD
TAMPA, FL 33637

New Principal Place of Business:

6801 ORIENT ROAD
TAMPA, FL 33610

Current Mailing Address:

6801 ORIENT ROAD
TAMPA, FL 33637

New Mailing Address:

6801 ORIENT ROAD
TAMPA, FL 33610

FEI Number: 59-3119396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASSEM, GAMAL
6801 ORIENT ROAD
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

KASSEM, GAMAL
6801 ORIENT ROAD
TAMPA, FL 33610 US

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:

07/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SALEH, MOHAMAD I DR
Address: 7517 TERRACE RIVER DR
City-St-Zip: TAMPA, FL 33637

Title: S () Delete
Name: KASSEM, GAMAL
Address: 635 RAPID FALLS DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: NIMER, MAHMOUD
Address: 13359 BOLTON CT
City-St-Zip: SPRING HILL, FL 34609

Title: P () Delete
Name: MAHMALJI, GHIATH
Address: 14540 CORTEZ BLVD. 105
City-St-Zip: BROOKSVILLE, FL 34613

Title: T () Delete
Name: HYE, HASSAN
Address: 7208 HAMMETT RD
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: HICKMAN, RAHMAN
Address: 3137 CARLOS DR
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: NIMER, MAHMOUD DR
Address: 5040 WILLOW OAK ROAD LANE
City-St-Zip: SPRING HILL, FL 34607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAMSI, ZIAUDDIN DR
Address: 18138 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: P (X) Change () Addition
Name: MAHMALJI, GHIATH
Address: 7304 ROYAL OAK DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KASSEM, GAMAL

S

07/26/2004

Electronic Signature of Signing Officer or Director

Date