


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N44098 1. Entity Name UNIVERSAL ACADEMY OF FLORIDA, INC.	
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Principal Place of Business 6801 ORIENT ROAD TAMPA, FL 33610	Mailing Address 6801 ORIENT ROAD TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3119396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KASSEM, GAMAL
6801 ORIENT ROAD
TAMPA, FL 33610

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIMER, MAHMOUD DR 5040 WILLOW OAK ROAD LANE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASSEM, GAMAL 635 RAPID FALLS DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMSI, ZIAUDDIN DR 18138 LONGWATER RUN DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHMALJI, GHIATH 4928 AYSHIRE DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KHALIL, ABDUL S 13442 RUDI LOOP SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTI, MOHAMAD 19104 NATURE PALM LANE TAMPA, FL 33647

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01/29/08-80010-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  *Ghiath Mahmalji*, Chairman 1-10-08 (352) 238-1983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #