

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90090 009 ***150.00

0074328

DOCUMENT # P00000002834

1. Entity Name
BRAHIM FADLOULLAH, P.A.

Principal Place of Business Mailing Address
6192 RALEIGH ST #303 6192 RALEIGH ST #303
ORLANDO FL 32835 ORLANDO FL 32835

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2503 6064 Raleigh st

City & State
ORLANDO, FL

Zip
32835

Country

City & State

Zip

Country

4. FEI Number
59-3117661

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SWART, HARRY J
717-E OAK ST
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name **SWART, HARRY J**
 Street Address (P.O. Box Number is Not Acceptable)
717 E OAK ST
 City **Kissimmee** **FL** Zip Code **34744**

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 *Brahim Fadloullah* **BRAHIM FADLOULLAH** **2/7/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **FADLOULLAH, BRAHIM**
 STREET ADDRESS **6192 RALEIGH ST #303**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Brahim Fadloullah* **BRAHIM FADLOULLAH** **2/7/01** **(407) 294-3969**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

00027743



DO NOT WRITE IN THIS SPACE