

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054616

1. Entity Name

FARES IS GREAT, INC.

Principal Place of Business

1492 MILL SLOUGH RD.  
KISSIMMEE FL 34744

Mailing Address

1492 MILL SLOUGH RD.  
KISSIMMEE FL 34744

2. Principal Place of Business

5770 W. Irlo Bronson  
Suite, Apt. #, etc.  
#214

3. Mailing Address

2720 Montego Bay  
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34746

Country

USA

Zip

34746

Country

USA

4. FEI Number

39-3651186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEGATO, KATIE  
1492 MILL SLOUGH RD.  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOUSIRY, SLAYMAN  
2720 MONTEGO BAY  
KISSIMMEE FL 34746 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOUSIRY, SLAYMAN II  
2720 MONTEGO BAY  
KISSIMMEE FL 34746 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SAMAR JAMEEL MIRZA  
5770 W. IRLO BRONSON SUITE 214  
KISSIMMEE, FLORIDA 34746 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SLAYMAN KOUSIRY  
2720 MONTEGO BAY  
KISSIMMEE, FLORIDA 34746 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-2001 407-396-6510

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90204 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0431913

CR2E034 (10/00)