

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068363

1. Entity Name

KADASA ASSOCIATES INC. (ASSESSMENT & EVALUATION)

Principal Place of Business
3526 SUNKISSED RD
TALLAHASSEE FL 32314

Mailing Address
P.O. BOX 5891
TALLAHASSEE FL 32314-5891

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

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IBRAHIM, ADAI S
3526 SUNKISSED RD
TALLAHASSEE FL 32314

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
IBRAHIM, ADAI S
3526 SUNKISSED RD
TALLAHASSEE FL 32314 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
IBRAHIM, HAVA
3526 SUNKISSED RD
TALLAHASSEE FL 32314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004588922-5
-09/14/01-01054-014
****158.75 ****158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
IBRAHIM, ITOA
3526 SUNKISSED RD
TALLAHASSEE FL 32314 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Professor Rotimi Fadiwara
P.O. Box 6733
TALL. FL 32314 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 407, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP -5 PM 5:18



DO NOT WRITE IN THIS SPACE

1098010
AT

CR2E034 (5/01)

9/5/01 -2-

The Department of State
Division of Corporations
Tallahassee, FL 32314

To Whom It May Concern:

Re- KADASA Associates, Inc.: Doc# P0000006P363

I hereby humbly request ^{that} my refiling penalty fees of \$400.00 on behalf of the above company be waived for the following reasons:

1. I never received the first notice because I was out of the country for family illness.
2. The company has not made a penny since its establishment due to lack of contacts and contracts. But, the company has made some contacts hopes to do better this coming FY.
3. Without this waiver, ~~the~~ KADASA Associates will be dead by 9/12/01.

Thanks for your consideration.

Adri S. Ibrahimy Director