

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101578

1. Entity Name
S.S.L. 786, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90006 044 ***150.00

Principal Place of Business
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714
**6400 INTERNATIONAL DR.
#105, ORLANDO, FL 32819**

Mailing Address
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714
**4718 CHEVY PLACE
ORLANDO, FL 32811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6400 INTERNATIONAL DRIVE

3. Mailing Address
4718 CHEVY PLACE

Suite, Apt. #, etc.
#105

City & State
ORLANDO, FLORIDA

Suite, Apt. #, etc.
-

City & State
ORLANDO, FLORIDA

4. FEI Number
59-367703X

Applied For
☐ Not Applicable

Zip: **32819** Country: **USA**

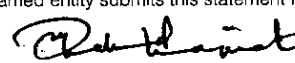
Zip: **32811** Country: **USA**

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES-FL 33134**

7. Name and Address of New Registered Agent
Name: **SYED LIAQUAT**
Street Address (P.O. Box Number is Not Acceptable):
4718 CHEVY PLACE
City: **ORLANDO** FL Zip Code: **32811**

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:  DATE: **02/13/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIAQUAT, SYED		NAME	LIAQUAT, SYED	
STREET ADDRESS	118 WEST ORANGE STREET 6400		STREET ADDRESS	4718 CHEVY PLACE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete	TITLE	LIAQUAT, RSYED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	4718 CHEVY PLACE	
STREET ADDRESS			STREET ADDRESS	ORLANDO FL 32811	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  DATE: **02/13/01** DAYTIME PHONE #: **407-351-0250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)