

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**  
 02-07-2002 90181 013 \*\*\*150.00

**DOCUMENT # P00000110154**

1. Entity Name  
**KARAMALI BANDEALY, MD PA**

Principal Place of Business  
~~1200 NORTH CENTRAL AVE STE 100-102~~  
**KISSIMMEE FL 34741**

Mailing Address  
~~1200 NORTH CENTRAL AVE STE 100-102~~  
**KISSIMMEE FL 34741**



2. Principal Place of Business  
**814 North John Young Parkway**  
 Suite, Apt. #, etc.

3. Mailing Address  
**814 North John Young Parkway**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Kissimmee FL**  
 Zip  
**34741**  
 Country  
**USA**

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4. FEI Number **APPLIED FOR** ~~59-331026~~ **593726918** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BANDEALY, KARAMALI**  
~~1200 NORTH CENTRAL AVE STE 100-102~~ **814 North John Young Parkway**  
**KISSIMMEE FL 34741**

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

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, 2002 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	<b>D</b> <b>BANDEALY, KAROMALI A</b> <del>1200 N CENTRAL AVENUE SUITE 101</del> <b>814 North John Young Parkway</b> <b>KISSIMMEE FL 34741</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 1/22/02 (407) 870-1579  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)