2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000111004

1. Entity Name

ARIF ZAMAN, DMD, P.A.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90201 022 ***150.00

Substance of Business							00 WE 11					
Suite, Apit., etc. Suite, Apit., etc. Suite, Apit., etc. City 6 State City 5 State 6. Name and Address of Current Registered Agent. 7. Name and Address of Status Desired Sea Additional Fee Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent Street Address (PO. Box Number is Not Acceptable) Street Addres				8600	8600 5TH STREET							
City & State City & State City & State City & State City & State A. FEI Number 59-3684478 Application Non Application Non Application Non Application Section Secti	2. Principal Place of Business				3. Mailing Address							
Zip Country Zip Country St. Conflicted of Status Desired \$8.75 Additional February \$8.75 Additional	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES	
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Agent Agent Agent Registered Agent 8. Name 7. Name and Address of New Registered Agent Agent Agent Registered Agent Option Name 7. Name and Address of New Registered Agent Agent Registered Ag	City & State				City & State			4.	59-3684478			
S. Name and Address of Current Registered Agent. ZAMAN, ARIF 8800 STH STREET ORLANDO FL 3826 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition STREET TILE ST CAMAN, ARIF SIRET ALORESS ORLANDO FL 32826 CITY-ST-ZP ORLANDO FL 32836 CITY-ST-ZP ORLANDO FL 328	Zip Country			Zip	_	Countr	untry		Certificate of Status Desired		8.75 Ad	ditional
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Street Address (PO. Sox Number is Not Acceptable) Street Address (PO. Sox Number is Not Acceptable)							Name					
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. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature Decision						-	Street Address (P.O. Box Number is Not Acceptable)					
B. 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. I am familiar with, and accept the obligations of registered agent. Comment						-						
THE COLIGATIONS of registered agent. SIGNATURE STILE NOW!!! FEE IS \$150.00 See will be \$550.00						-	City			FL	Zip Cod	e
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE AMAIN, ARIF 600 5TH STREET ORLANDO FL 32826 TILE AMAN, SAIMA 800 5TH STREET ORLANDO FL 32836 TILE AMAN, SAIMA 800 5TH STREET ORLANDO FL 32836 TILE AMAN SAIMA 800 5TH STREET ORLANDO FL 32836 TILE AMAN SAIMA ABOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE AMAME STREET ADDRESS CITY-ST-2P TILE MAME STREET ADDRESS CITY-ST-2P TILE MAME STREET ADDRESS CITY-ST-2P TILE AMAME STREET ADDRESS CITY-ST-2P Change Addition Addition AMAME STREET ADDRESS CITY-ST-2P Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Change Addition ADDITIONS/CHANGES TO OF	the obligat	named entity tions of registe	submits this state ered agent.	ment for the purp	ose of changing its	registered	d office or regis	stered a	gent, or both, in the State of Floric	la. I am fa	miliar with,	and accept
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	JIGNATORE .	Signature, typed	or printed name of registe	red agent and title if app	licable. (NOT	E: Registered /	Agent signature req	uired when	reinstating)	DATE		
TITLE JAMAN ARIF JAMAN	After May 1, 2003 Fee will be \$550.00							-				
TITLE JAMAN ARIF JAMAN	10.		OFFICER	S AND DIRECTO	RS	11.		Al	DDITIONS/CHANGES TO OFFICE	RS AND (DIRECTOR	S IN 11
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: