FILED
May 23, 2003 8:00 am
Secretary of State
05-23-2003 90145 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024711

1. Entity Name
SAILANI, INC.

90137651

Principal Place of Business	Mailing Address
4349-7 S. SEMORAN BLVD. ORLANDO, FL 32822	4349-7 S. SEMORAN BLVD. ORLANDO, FL 32822

2. Principal Place of Business	3. Mailing Address
	4349 S. SEMORAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE #7
City & State	City & State ORLANDO, FL.
Zip / Country	Zip 32822 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3723764 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CORUJO, DILIA
4349-7 S. SEMORAN BLVD.
ORLANDO, FL 32822

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORUJO, DILIA 4349-7 S. SEMORAN BLVD. ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALAM, MOHAMED A 4349-7 S SEMORAN BLVD ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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: [signature] 5/19/03 407-616-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

From:
Sailani Inc
4349 S Semoran Blvd
Suite # 7
Orlando, FL 32822

Attachment Doc# P01000024711
90137651

TO:
Dept. Of Corporations
P.O. Box 1500
Tallahassee, FL 32302

TO WHOM IT MAY CONCERN:

Re: Reason for delay

This is certity that I did not receive the UBR form to date. Please change the format of my mailing address to appear as follows:

Sailani Inc
4349 S Semoran Blvd.
Suite # 7
Orlando, FL 32822

Thank You in advance.

Singerley,

Mohamed AbdulSalam