

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90094 001 \*\*\*150.00

**DOCUMENT # P01000028932**

1. Entity Name  
**KADMAR, INC.**

Principal Place of Business  
**5349 WATERVISTA DRIVE**  
**ORLANDO FL 32821**

Mailing Address  
**5349 WATERVISTA DRIVE**  
**ORLANDO FL 32821**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6550 INTERNATIONAL DR**

3. Mailing Address  
**6550 INTERNATIONAL DR**

Suite, Apt. #, etc.  
**SUITE 105**

Suite, Apt. #, etc.  
**SUITE 105**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3710304**

Applied For  
☐ Not Applicable

Zip  
**32819**

Country

Zip  
**32819**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name  
**KADDOURA, MARWAN**

Street Address (P.O. Box Number is Not Acceptable)  
**6550 INTERNATIONAL DRIVE**

**SUITE 105**

City  
**ORLANDO**

FL

Zip Code  
**32819**

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]*  
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/11/02**  
 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 \$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>PSTD KADDOURA, MARWAN 5349 WATERVISTA DRIVE ORLANDO FL 32821</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	<b>6550 INTERNATIONAL DR, STE 105 ORLANDO, FL 32819</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/25/02**  
 Date

**407-396-6700**  
 Daytime Phone #

CR2E034 (9/01)