

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90029 015 \*\*\*150.00

**DOCUMENT # P01000050858**

1. Entity Name

**FARISH ENTERPRISES INC.**

Principal Place of Business

**4680 SOUTH ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32839**

Mailing Address

**4680 SOUTH ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32839**

2. Principal Place of Business

**2160 Americana Blvd.**

3. Mailing Address

**2160 Americana Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando Florida**

City & State

**Orlando FLORIDA**

Zip

**32839**

Country

**ORANGE**

Zip

**32839**

Country

**ORANGE**

4. FEI Number

**59 3723400**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RAMZAN, GULAMALI A  
 8037 HORSEFERRY RD  
 ORLANDO FL 32835**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GULAMALI, AMIN A</b>	
STREET ADDRESS	<b>4680 S OBT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GULAMALI, RAMZAN A</b>	
STREET ADDRESS	<b>8037 HORSE FERRY RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GULAMALI, ABDULALI K</b>	
STREET ADDRESS	<b>8037 HORSE FERRY RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**

**SIGNATURE FROM GULAMALI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-02**

Date

**407-375-8186**

Daytime Phone #

CPDF034 (0/0/1)