

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91153 002 ***150.00

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DOCUMENT # P01000084352

1. Entity Name
NISSA CONSULTING INC.



Principal Place of Business
**PO BOX 616957
ORLANDO FL 32861-6957**

Mailing Address
**PO BOX 616957
ORLANDO FL 32861-6957**

11040001



2. Principal Place of Business

3. Mailing Address

309 Sonoma Valley Cir

309 Sonoma Valley Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Orlando FL

Orlando FL

4. FEI Number

59-3740109

Applied For

Not Applicable

Zip

Country

Zip

Country

32811

32811

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

**ALAM, MUHAMMAD A
5104 CONROY RD APT 227
ORLANDO FL 32811**

Name

Alam Muhammad

Street Address (P.O. Box Number is Not Acceptable)

309 Sonoma Valley Cir

City

Orlando

FL

Zip Code

32811

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

M. A. Alam

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
MOHAMED, BIBI
5104 CONROY RD APT 227
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
**STD
ALAM, MUHAMMAD A
5104 CONROY RD APT 227
ORLANDO FL 32811** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

407-579-502

Daytime Phone #

CP2E034 (10/02)