

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90105 041 \*\*\*150.00

**DOCUMENT # P01000089789**

**1. Entity Name**  
**EL FALAH ENTERPRISES INC.**



**Principal Place of Business**  
**260 FLORIDA PARKWAY**  
**KISSIMEE FL 34743**

**Mailing Address**  
**260 FLORIDA PARKWAY**  
**KISSIMEE FL 34743**

**2. Principal Place of Business**  
**370 EAST MAIN ST**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**7902 Kingspointe Pkwy**  
Suite, Apt. #, etc.  
**# 207-B**

**City & State**  
**APOPKA, FL**

**City & State**  
**Orlando, FL**

**4. FEI Number** **59-3747246**

**Applied For**  
**Not Applicable**

**Zip**  
**32703**

**Country**  
**USA**

**Zip**  
**32819**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**J.A.O. SERVICES, INC.**  
**7802 KINGSPORTE PKWY**  
**205**  
**ORLANDO FL 32819**

**7. Name and Address of New Registered Agent**

**Name** **JAO Services Inc.**  
**Street Address (P.O. Box Number is Not Acceptable)** **7802 Kingspointe Pkwy**  
**Suite # 207-B**  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**   
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ **Delete**  
**NAME** **ELFALAH, KHADIJA**  
**STREET ADDRESS** **260 FLORIDA PKWY**  
**CITY-ST-ZIP** **KISSIMEE FL 34743**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**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:** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03**

Date

Daytime Phone #

CR2E034 (10/02)