

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90042 019 ***150.00

DOCUMENT # <u>PO1000091782</u>	
1. Entity Name	
Abbasi Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 SR 436 Suite 2032 Suite, Apt. #, etc.		3. Mailing Address 423 W Vine Street Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State Kissimmee, FL	
Zip 32707	Country	Zip 34741	Country

4. FEI Number 91-2157886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

40043083

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ABBASI, IMTIAZ	
Street Address (P.O. Box Number is Not Acceptable) 2209 ANTIGUA PALACE #815	
City KISSIMMEE FL 34741	Zip Code 34741

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBASI, IMTIAZ 2209 ANTIGUA PALACE #815 KISSIMMEE FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ZAFARULLAN, JUMANI 606 ABACO CT KISSIMMEE FL 34746
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11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-14-05