

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90738 010 ***150.00

DOCUMENT # P02000017421	
1. Entity Name	
Abrar and Meliha General Enterprises Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5828 Ridge Club Loop Apt 105		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32839	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0608008		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PIETROSEMOLI, ALFREDO	
Street Address (P.O. Box Number is Not Acceptable) 6747 Cherry grove Cir	
City Orlando	Zip Code 32809

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hussain Mohammad Y 5828, Ridge Club Loop Apt # 105 Orlando, FL - 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Hussain, Isharath F Orlando, FL - 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Pietrosevoli, Alfredo 6747 Cherry grove Cir Orlando, FL - 32809
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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:

Mohammed Y Hussain

MOHAMMED Y HUSSAIN

04/18/04

407-760-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #