

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

DOCUMENT # P02000046778

Entity Name

ORLANDO ESTATES, INC.

FILED

03 MAR 18 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

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1. Principal Place of Business  
4125 TOWN CENTER BL  
Suite, Apt. #, etc.

3. Mailing Address  
4125 TOWN CENTER BL  
Suite, Apt. #, etc.

City & State  
ORLANDO FL  
Zip  
32837  
Country

City & State  
ORLANDO FL  
Zip  
32837  
Country

4. FEI Number  
03-0483191

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
MADEEM SHAIKH

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

4125 TOWN CENTER BLVD

City ORLANDO FL Zip Code 32837

I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
3/17/03

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**OFFICERS AND DIRECTORS**

1. P/T/D  
MOHAMMED AKBAR BHATTI  
85 PRAED ST  
LONDON W2 1NT UK

2. V/P/D  
ZIA MAZZAR AHSEN  
85 PRAED ST  
LONDON W2 1NT UK.

3. S/D  
MADEEM SHAIKH  
4125 TOWN CENTER BLVD  
ORLANDO FL 32837

4. TS

5.

6.

7.

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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

NATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 407-222-3676  
Date Daytime Phone #

CR2E034B (12/01)