

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90017 016 ***150.00

DOCUMENT # P02000121025	
1. Entity Name	
A.B.Napa Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4077 West Columbia Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32811	Country	Zip	Country

54016685

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1982192	Applied For <input 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 BODIUZAMAN, M.D	
Street Address (P.O. Box Number is Not Acceptable) 4077 West Columbia Street	
City Orlando	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

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
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bodiuzaman M D 4077 West Columbia Street Orlando, FL - 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RABAMAN, MOHAMMED A 4077 West Columbia Street Orlando, FL - 32811
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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)(l), 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 #

3/2/04