

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

FILED ATX1
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000025149	
1. Entity Name	
M R Investment Group of Orlando Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 0013 Bridge Stone Drive Suite, Apt. #, etc.		3. Mailing Address 8013 Bridge Stone Drive Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32835	Country	Zip 32835	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0599150		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 REHAN, SYED	
Street Address (P.O. Box Number is Not Acceptable) 4042 MIDDLEBROOK ROAD 1428	
City ORLANDO FL 32811	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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REHAN, SYED 4042 MIDDLEBROOK ROAD , # 1428 ORLANDO FL 32811 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOTIWALA, MOHAMMED H 4042 MIDDLEBROOK ROAD , # 1428 ORLANDO FL 32811 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REHAN, SARAH 4042 MIDDLEBROOK ROAD , # 1428 ORLANDO FL 32811 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTIWALA, REHNUMA 4042 MIDDLEBROOK ROAD , # 1428 ORLANDO FL 32811 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000263201 03/19/05-80001-022 150.00
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sarah Rehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

407-484-1103

Daytime Phone #