

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

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90030 028 ***150.00

DOCUMENT #	P06000031200
1. Entity Name	
GLOBAL SUPPLIES OF ORLANDO, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2657 MERCY DR		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ORLANDO, FL			
Zip	Country	Zip	Country
32808-3857			

40129473

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
83-0452700		<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
MUSHTAQ, MUDDASAR
Street Address (P.O. Box Number is Not Acceptable)
2657 MERCY DRIVE

City **FL** Zip Code
ORLANDO 32808

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

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D MUSHTAQ, MUDDASAR 2657 MERCY DRIVE ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #

Mushtaq Muddasar

321-262-5395