

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28212

1. Entity Name  
MODASCO, INC.

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**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90060 004 \*\*\*150.00

Principal Place of Business 4305 VINELAND RD SUITE G 10 ORLANDO FL 32811 US	Mailing Address 4305 VINELAND RD SUITE G 10 ORLANDO FL 32811 US
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2. Principal Place of Business 58 West Michigan st.	3. Mailing Address 58 W. Michigan st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando, FL	City & State Orlando, FL
Zip 32806	Country Oragne
Zip 32806	Country Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3312315	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KASHMIRI, RAFIAH  
16650 ROYAL PALM DR  
GROVELAND FL 34-7365

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KASHMIRI, RAFIAH 16650 ROYAL PALM DR. GROVELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ELDifrawi, Ahmed 16650 Royal Palm Dr. Groveland FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. ELDifrawi, Ash <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 7/17/00 407-540-0920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment Doc#: P28212  
D0082047

# MODASCO, INC.

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Advanced Applied Technology

July 18, 2000

Division of Corporations  
Univorm Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

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Reference is made to document number P28212 Entity Name: Modasco, Inc.

Attached please find the completed aforementioned form along with payment in the amount of \$150.00 per our telephone conversation.

Unfortunately we did not receive the first mailing of this notice and only recently happened upon the second. I immediately called the Division of Corporations advising of our situation. It was agreed that only the initial amount was due, with no additional late penalties incurred.

Thank you very much for your understanding.

Best Regards,



Rafiah Kashmiri  
President/CEO

RK:gn