

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037854

1. Entity Name

ALNUR, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90139 002 ***150.00

Principal Place of Business

Mailing Address

4430 TURKEY LAKE RD
#102
ORLANDO FL 32819
US

5646 MASTER BLVD
ORLANDO FL 32819-4020
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9430 TURKEY LAKE RD.
Suite, Apt. #, etc.
#102

8967 SAVANNAH PARK
Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number 59-3186845

Applied For
Not Applicable

Zip 32819

Country

Zip 32819

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADHANY-ZEENAT
5645 MUSTERS BLVD.
ORLANDO FL 32819

Name MADHANY - ZEENAT

Street Address (P.O. Box Number is Not Acceptable)
8967 SAVANNAH PARK

City ORLANDO FL Zip Code 32819

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P
NAME MADHANY, Z
STREET ADDRESS 5646 MASTERS BLVD
CITY-ST-ZIP ORLANDO FL

TITLE
NAME Madhany, Z
STREET ADDRESS 8967 Savannah Park
CITY-ST-ZIP ORL. FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Zeena Madhany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
Date

Daytime Phone #

CR2E034 (9/99)