

# 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 4430 TURKEY LAKE RD #102 ORLANDO FL 32819 US	Mailing Address 5646 MASTER BLVD ORLANDO FL 32819-4020 US
2. Principal Place of Business <b>9430 TURKEY LAKE RD.</b> Suite, Apt. #, etc. <b>#102</b>	3. Mailing Address <b>8967 SAVANNAH PARK</b> Suite, Apt. #, etc.
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32819</b>	Zip <b>32819</b>
Country	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  MADHANY-ZEENAT 5645 MUSTERS BLVD. ORLANDO FL 32819		7. Name and Address of New Registered Agent  Name <b>MADHANY - ZEENAT</b> Street Address (P.O. Box Number is Not Acceptable) <b>8967 SAVANNAH PARK</b> City <b>ORLANDO</b> Zip Code <b>FL 32819</b>	
---	--	--	--

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Madhany, Z <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8967 Savannah Park Orl. Fl. 32819
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
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: *Zeenat Madhany*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date Daytime Phone #

CR2E034 (9/99)