## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000030433

1. Entity Name

Apr 17, 2000 8:00 am Secretary of State INTERLINK CONSTRUCTION, INC. 04-17-2000 90017 020 \*\*\*150.00 Principal Place of Business Mailing Address ₩ SAMIR JAMAL SEBAALI % SAMIR JAMAL SEBAALI 1516 EAST HILLCREST STREET. SUITE 301 1516 EAST HILLCREST STREET. SUITE 301 CDLANCO FL 32803-4716 ORLANDO FL 32803-4716 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3340967 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACK, RONALD W Street Address (P.O. Box Number is Not Acceptable) 106-SOUTH-LAKE AVENUE 222 Westmonte Drive #211 Altamonte Springs, FL ORLANDO-FL-32801-Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ☐ Delete Change Change Addition TITLE TITLE Sebaali, Samir, J.R SEBAALI, SAMIR J. NAME NAME 5392 Lake Margaret Drive, Apt.#817 5392 LAKE MARGARET DRIVE, APT. 817 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, Florida 32812 WINTER GARDEN FL 32812-6098 CITY-ST-7IP VTS ☐ Change Addition TITLE T-S ■ Delete TITLE AMM, JEAN E. Sebaali, Mary, Lisa NAME NAME 4006 EVANDER DR. STREET ADDRESS 5392 Lake Margaret Drive, Apt. #817 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 Orlando, Florida 32812. Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 ith all other like empowered.

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Samir J Sebaali, President 4-10-00 RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-895-5282

Daytime Phone #

 $\mathtt{FILED}$ 

CR2E034 (9/99)