

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90058 014 ***150.00

DOCUMENT # P95000057713

1. Entity Name

SITAARA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**2012 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805****2012 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805-5357**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3324160

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CACCIATORE, JOHN M ESQUIRE
790 NORTH ORANGE AVENUE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

NIZAR ALI

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

2012 S. ORANGE BLOSSOM TRAIL**ORLANDO**

City

FL

Zip Code

32805

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

4/18/009. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D			<input type="checkbox"/>	<input type="checkbox"/>
	ALI, NIZAR				
		2251 EAST SEMORAN BOULEVARD			
		APOPKA FL 32703			
	D			<input type="checkbox"/>	<input type="checkbox"/>
	MOMIN, NIZAR A				
		516 LAKE BRIDGE LANE #113			
		APOPKA FL 32703			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)