

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059017

1. Entity Name

DARBAR BUSINESS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90096 036 ***158.75

Principal Place of Business

Mailing Address

1920 E. OSCEOLA PKWY
 KISSIMMEE FL 34743

1920 E. OSCEOLA PKWY
 KISSIMMEE FL 34743-8625

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

59-3387479

Applied For

Not Applicable

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

HEFFERAN, JR., JOHN R
 112 N SUMMERLIN AVE.
 ORLANDO FL 32801

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

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
After MAY 1, 2000 Fee
Make Check Payable to

NAME!

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12

DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 KARIM, FAZAL M
 2016 BRIDGEVIEW C
 ORLANDO FL 32824 ☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.24.2000 407-348-2000

CR2E034 (9/99)