

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089669

1. Entity Name  
KIRKMET HOLDING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 20 PM 2:23

Principal Place of Business  
8556 PALM PARKWAY  
ORLANDO FL 32836  
US

Mailing Address  
8556 PALM PARKWAY  
ORLANDO FL 32836  
US



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 65-0705864

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KAY, JAMES R P.A.  
AKERMAN, SENTERFITT & EIDSON, PA  
777 S FLAGLER DR 900, E TOWER  
W PALM BCH FL 33401

Name and Address of New Registered Agent

KAY LAW OFFICES  
Attn: James R. Kay, Esquire  
11505 Fairchild Gardens Avenue, Suite 203  
Palm Beach Gardens, FL 33410

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

5-1-03

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME SHARFI AL-SAYED, EBRAHIM  
STREET ADDRESS 8556 PALM PARKWAY  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition  
NAME 800019744608  
STREET ADDRESS 05/22/03--01073--002 \*\*4637.50  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HASHWANI, HATIM  
STREET ADDRESS 8556 PALM PARKWAY  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLARK, SUSAN I  
STREET ADDRESS 8556 PALM PARKWAY  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/21/03

Date

Daytime Phone #

CR2E034 (10/02)

0118448 AV