

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018269

1. Entity Name

A.V.M. UNIVERSAL, INC.

Principal Place of Business

1451 W. LANDSTREET ROAD  
ORLANDO FL 32824  
US

Mailing Address

1451 W. LANDSTREET ROAD  
ORLANDO FL 32824  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90096 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3436277**

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

Name

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

City

**FL**

Zip Code

**VIRJEE, FAISAL**  
**2943 HARBOUR GRACE CT**  
**APOPKA FL 32703**

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, type 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 IS \$150.00**  
**After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	VIRJEE, FAISAL MR	
STREET ADDRESS	2943 HARBOUR GRACE CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIRJEE, ALI MR	
STREET ADDRESS	2943 HARBOUR GRACE CT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRJEE, FAISAL MR	
STREET ADDRESS	650 TOMLINSON TERRACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRJEE, ALI MR	
STREET ADDRESS	650 TOMLINSON TERRACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**FAISAL A. VIRJEE**

**4/29/01**

Date

**407-851-8466**

Daytime Phone #

CR2E034 (10/00)