

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027933

1. Entity Name

AUTOCAD MOTOR INC

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90090 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2315 N. FORSYTH RD  
2315  
ORLANDO FL 32807

P.O. BOX 5901  
WINTER PARK FL 32793-5901

2. Principal Place of Business

3. Mailing Address

~~2315 Forsyth Rd~~

~~P.O. Box 5901~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2315

City & State

City & State

ORLANDO, FL

Winter Park, FL

Zip

Country

Zip

Country

32807

ORANGE

32793

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3439951

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

KHALAF, WAIL F  
1396 LAPALOMA CIR  
WINTER SPRINGS FL 32708

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Jan 15, 2000

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, 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	VO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALAF, FAIEK		NAME	
STREET ADDRESS	1396 LAPALOMA CIR		STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	
TITLE	O	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHALAF, BARAKA		NAME	
STREET ADDRESS	1396 LAPALOMA CIR		STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2000

Date

(407) 679-4477

Daytime Phone #

CR2E034 (9/99)