2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000052473

1. Entity Name
FAMS ENTERPRISES, INC. OF ORLANDO

Principal Place of Business	Mailing Address
320 WESTCHESTER DR ALTAMONTE SPRINGS, FL 32701-6221	320 WESTCHESTER DR ALTAMONTE SPRINGS, FL 32701-6221

DO NOT WRITE IN THIS SPACE

04112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3451200
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARVEZ, KHUSRO
320 WESTCHESTER DR
ALTAMONTE SPRINGS, FL 32701-6221

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000115066
04/16/04-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OPARVEZ, SAMEENA Y
STREET ADDRESS	320 WESTCHESTER DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327016221
TITLE	STD
NAME	PARVEZ, KHUSRO
STREET ADDRESS	320 WESTCHESTER DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327016221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Khusro Parvez APR 13, 2004 (407)339-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #