

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071679

1. Entity Name

AL SIRAJ COMPANY

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90043 045 ***150.00

Principal Place of Business

4603 OAK HEAVEN DRIVE
SUITE 205
ORLANDO FL 32839

Mailing Address

4603 OAK HEAVEN DRIVE
SUITE 205
ORLANDO FL 32839

2. Principal Place of Business

ST CLOUD (OCEOLA COUNTY)

3. Mailing Address

4219 13TH ST

Suite, Apt. #, etc.

4219 13TH ST

Suite, Apt. #, etc.

City & State

ST CLOUD, FL

City & State

ST CLOUD, FL

4. FEI Number

59-3478526

Applied For

Not Applicable

Zip

Country

34769

Zip

Country

34769

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CHOUDHARY, RIFFAT YASMIN
4603 OAK HEAVEN DR, STE 205
ORLANDO FL 32839 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CHOUDHARY, RIAZ AHMED
4603 OAK HEAVEN DR, STE 205
ORLANDO FL 32839 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ 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:

RIAZ AHMED CHOUDHARY

4-17-00

407 892-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)