

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90071 033 ***150.00

DOCUMENT # P97000104834

1. Entity Name

MUNIRA ZAFAR, M.D., P.A.



Principal Place of Business

720 W. OAK ST.
301
KISSIMMEE FL 34741

Mailing Address

720 W. OAK ST
301
KISSIMMEE FL 34741

34068268



MOORE

CR2E034 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3484400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAFAR, MUNIRA
720 W. OAK STREET #301
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ZAFAR, MUNIRA
STREET ADDRESS 720 W. OAK ST. # 301
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Munira Zafar, P.A.

8/3/04

Date

(407) 847-4757

Daytime Phone #

Attachment
PHILIP KREUTZER, CPA, PA
CERTIFIED PUBLIC ACCOUNTANT
13554 BRISTLECONE CIRCLE
ORLANDO, FLORIDA 32828

57068268

PHILIP KREUTZER, CPA, MBA

TELEPHONE (407) 382-4267
FAX (407) 382-6428

August 11, 2004

Florida Department of State
Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

Re: Munira Zafar, MD, PA P97000104834

On March 1, 2004 my client Munira Zafar, MD attempted to pay her \$150 Annual Report fee via the internet. Do to a problem with the state's web site, the charge was never processed. As proof of the attempt I enclose a copy of her credit card statement with charges for other entities that were processed.

Therefore, I demand the waiver of the late fee. Enclosed please find a paper report with a \$150 payment.

Respectfully yours,

Philip Kreutzer

PHILIP KREUTZER, CPA, PA
13554 BRISTLECONE CIRCLE
ORLANDO, FLORIDA 32828
TELEPHONE (407) 382-4267
FAX (407) 382-6428
E-MAIL: PHILIP@KREUTZERCPA.COM
WWW.KREUTZERCPA.COM

Attachment # P97000104834

FAX NO. : 407 240 6556

Jul. 13 2004 06:42PM P1

Munira Zafar, MD

Detach Top Portion and Enclose with Payment

54068268
HENRY SCHEIN®

ADVANTA

ADVANTA BUSINESS CARD STATEMENT

ACCOUNT SUMMARY

Account Number 5477 5395 4602 0017
 Total Credit Limit 22,500.00
 Total Credit Available 20,500.00
 Cash Advances Credit Limit 22,500.00
 Cash Advances Credit Available 20,500.00
 Billing Cycle Closing Date 03/26/04
 Days in Billing Cycle 29
 Payment Due Date 04/20/04
 Minimum Payment Due 45.00

BALANCE SUMMARY

Previous Balance 0.00
 (+) Purchases & Cash Advances 2,000.00
 (+) Miscellaneous Fees 0.00
 (+) Finance Charge 0.00
 (-) Payments 0.00
 (-) Credits 0.00
 (=) New Balance 2,000.00

REBATE SUMMARY

Previous Balance 1.45
 +/- Earned/Adjusted This Statement 5.00
 - Forfeited This Statement 0.00
 = Current Balance 6.45

TRANSACTIONS

Trans Date	Post Date	Reference Number	Activity Since Last Statement	Amount
03/01	03/01	6448307ED1T6EA1ZH	FL CORP FILE -INTERNET TALLAHASSEE FL	50.00
03/01	03/01	6448307ED1T6EA2AK	FL CORP FILE -INTERNET TALLAHASSEE FL	150.00
03/13	03/13	6941734ESGWVES27Q	SAFRICAN 08374915643581 LOMBARD IL ZAFARM ORLANDO ATLANTA ATLANTA CAPE TOWN CAPE TOWN DUBBAN DUBBAN JOHANNESBURG	1,800.00

Family Llc
 Jan

IMPORTANT NEWS

TOTAL "FINANCE CHARGE" BILLED IN 2003 \$0.00
 TOTAL "FINANCE CHARGE" PAID IN 2003 \$0.00

FINANCE CHARGES

	Average Daily Balance	Nominal Annual Percentage Rate	Daily Periodic Rate	Annual Percentage Rate	Finance Charges Due to Daily Periodic Rates	Transaction Fees
Purchases	0.00	11.01%	.03056%	11.01%	0.00	0.00
Cash Advances	0.00	20.01%	.05556%	20.01%	0.00	0.00

PAYMENT SUMMARY

Payment Due 45.00
 + Amount Over Credit Limit 0.00
 + Past Due Amount 0.00
 = Minimum Payment Due 45.00

FOR CUSTOMER SERVICE, PLEASE CONTACT US.



Online:
www.advanta.com



By Mail: Advanta Bank Corp. P.O. Box 30715
 Salt Lake City, UT 84130-0715



By Phone:
 1-800-705-7255

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

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