

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90174 047 ***150.00

DOCUMENT # P97000108300

1. Entity Name

EL-DORADO ENTERPRISE, INC.

Principal Place of Business

**12350 CORIANDER DRIVE
ORLANDO FL 32837**

Mailing Address

**12350 CORIANDER DRIVE
ORLANDO FL 32836-6055**

2. Principal Place of Business

10207 FACET CT.

Suite, Apt. #, etc.

3. Mailing Address

10207 FACET CT.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32836

Country

ORANGE

City & State

ORLANDO FL

Zip

32836

Country

ORANGE

4. FEI Number

59-3483603

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZABAR, HAMID
12350 CORIANDER DRIVE
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

HAMID ZABAR

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

10207 FACET CT.

City

ORLANDO

FL

Zip Code

32836

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

4/11/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZABAR, HAMID	
STREET ADDRESS	12350 CORIANDER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZABAR, JOAN E	
STREET ADDRESS	12350 CORIANDER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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

JOAN E. ZABAR

4/11/00 (407) 363-1884

Date

Daytime Phone #

CR2E034 (9/99) (Sup)