

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012226

1. Entity Name

NAGINA ENTERPRISES, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90112 004 ***150.00

Principal Place of Business

7690 INTERNAL DR
ORLANDO FL 32819
US

Mailing Address

P.O. BOX #1945
WINDERMERE FL 34786-1945
US

2. Principal Place of Business

7670 INTERNATIONAL DR.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box # 2166

City & State

ORLANDO, FL.

City & State

WINDERMERE, FL.

Zip

32819

Country

USA

Zip

34786-2166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3492994

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

SONNENSCHNEIN, MICHAEL D
1420 ALAFAYA TRAIL
STE 101
OVIEDO FL 32765

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
P
SIDDQUI, RASHDA
8011 CITRON CT
ORLANDO FL 32819 ☐ Delete

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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:

RASHDA SADDIQUI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2000

Date

407-354-0344
Daytime Phone #

CR2E034 (9/99)