

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016436

1. Entity Name

MS GROUP, INC.

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90077 030 ***150.00

Principal Place of Business

Mailing Address

4495 S. SEMORAN BLVD.
ORLANDO FL 32822

4495 S. SEMORAN BLVD.
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3494699

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

MEMON, SHAKEEL
4495 S. SEMORAN BLVD.
ORLANDO FL 32822

Name

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

City

FL

Zip Code 32822

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, 2001 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 P
NAME MEMON, SHAKEEL
STREET ADDRESS 4495 S. SEMORAN BLVD.
CITY-ST-ZIP ORLANDO FL 32822 ☒ Delete

TITLE ~~JUNE SARWAR~~ PRESIDENT ☒ Change ☒ Addition
NAME SARWAR, JUNE
STREET ADDRESS 4495 S. Semoran Blvd
CITY-ST-ZIP Orlando FL 32822 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
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:

SHAKEEL MEMON

3-1-01 (407) 282-1215

Date

Daytime Phone #

CR2E034 (10/00)