

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90599 026 \*\*\*150.00

**DOCUMENT # P98000047593**

1. Entity Name  
**ALANAM CORPORATION**



Principal Place of Business  
C/O THAROO & CO.  
9101 INTERNATIONAL DRIVE, SUITE 1008  
ORLANDO FL 32819

Mailing Address  
PO BOX 1233  
ORLANDO FL 32802

**90007475**



2. Principal Place of Business

3. Mailing Address

**9101 International DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 1008**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Orlando, FL**

4. FEI Number

**59-3517001**

Applied For

Not Applicable

Zip

Country

Zip

**32819**

Country

**USA**

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

THAROO, ABDUL R  
P.O.BOX 1233  
ORLANDO FL 32802

Name

**Tharoo, Abdul R.**

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

**9101 International Drive**

**Suite #1008 1008**

City

**Orlando**

**FL**

Zip Code

**32819**

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	THAROO, ABDUL	8108 ST ANDREWS CIRCLE	ORLANDO FL 32835				
VD	THAROO, MUMTAZ	8108 ST ANDREWS CIRCLE	ORLANDO FL 32835				

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:

**Abdul R. Tharoo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03**

Date

Daytime Phone #

CR2E034 (10/02)