

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90016 026 ***150.00

0613680

DOCUMENT # P98000062901

1. Entity Name

FAMIDA JIWA, D.C., PA.

Principal Place of Business

4270 ALOMA AVE
162
WINTER PARK FL 32792

Mailing Address

4270 ALOMA AVE
162
WINTER PARK FL 32792

2. Principal Place of Business

4270 ALOMA AVE

Suite, Apt. #, etc.

SUITE 1102

City & State

WINTER PARK, FL

Zip

32792

Country

USA

3. Mailing Address

4270 ALOMA AVE

Suite, Apt. #, etc.

SUITE 1102

City & State

WINTER PARK, FL

Zip

32792

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3519835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIWA, FAMIDA
1035 S SEMORAN BLVD.
SUITE 1051
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

FAMIDA JIWA

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

4270 ALOMA AVE

SUITE 1102

City

WINTER PARK

FL

Zip Code

32792

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAMIDA, JIWA
7788 COUNTRY PLACE
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ISMAIL, ASHIF
7788 COUNTRY PLACE
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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NAME
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/01

Date

409 671 1616

Daytime Phone #

CR2E034 (10/00)