## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90153 036 \*\*\*150.00

## DOCUMENT # **P98000079802**1. Corporation Name

BUSINESS AND TRADE SERVICES OF CENRAL FLORIDA, I NC.

Principal Plac	e of Business	Mailing Address						
4566 SAILBREEZE COURT ORLANDO FL 32810		4566 SAILBREEZE COURT ORLANDO FL 32810		DO NOT WOITE IN THE	· CDACE			
						DO NOT WRITE IN THI  3. Date Incorporated or Qualified	SPACE	
						09/16/1998		
a Principal D	tace of Business	2a. Mailing Address				4. FEI Number	Anı	olied For
2. Philicipal P	lace of Business	26. Walling Address				59-3532794	ļ <del></del>	Applicable
Suite, Ap.,	# atc	Suite, Apt. #, etc.					\$8.75 A	
30110, Ap.	<b>4</b> , 016.	27	•			5. Certifca.e of Status Desired	Fee Re	
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00	May Re		
23	-	28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	tangible	
24 25		29 30				Personal Property Tax.		⊡ÍNo.
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
–	RILAWYER			82	Street Add	iress (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE				Oli COL 7 tatil			
COF	RAL GABLES FL 33134			83				
				84	City		85 Zip C	nde
				04	City	FI	_	
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was :	authorized	1 hv i	the corporali	poration submits this statement for the purpose c ion's board of directors. I hereby accept the appo	intment as reg	pistered
	Signature, typed or printed nan a of registered age		E Registered	Agent	signature requi e	ed when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR  Change	R 3 IN 12 Addition
TITLE	PD	☐ DELETE	☐ DELETE 1.1 TI		1		[] Change	[_] Addition
NAME	KAKI, MIJAHID A		1.2 N					
STREET ADDRESS	4566 SAILBREEZE COURT				ADDRESS			
CITY-ST-ZIP			_	TY-ST	- ZIP		Cheere.	☐ Addition
TITLE	VD	☐ DELETE 2.1					Change	[_] Addition
NAME	orienti, rie o			2 2 NAME				
STREET ADDRES S			2.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S	r-zip			
TITLE	SD	☐ DELETE	31 TITLE				Change	Addition
NAME	JAVEID, IFFAT		3.2 N	AME				
STREET ADDRES S			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810		3.4. 0	TY-S	r-zip			
TITLE	TD	☐ DELETE					☐ Change	☐ Addition
NAME	KAKLI, QAISRA Z		4.21	AME				
STREET ADDRES S			4.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810			ITY-ST	ZIP			
TITLE		☐ DELETE	5.1 T				Change	Addition
NAME			5.2 N					
STREET ADDRES S					ADDRESS			
CITY-ST-ZIP				TY-ST	ZIP			F3 . 1
TITLE		☐ DELETE	61T	TLE			Change	Addition

14. 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 contriguents in filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further contriguents in filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further contriguents in made under contribution 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 12 or Block 13 if changed, or on an attach nent with an address, with a lother like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

1 Yes id: n 4/ \$99 ( 407/ 25/1-14/5)
Date Date Phone #

CR2E034 (11/98)