

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90067 025 \*\*\*150.00

**DOCUMENT # P98000093207**

1. Entity Name

FULGENT STREET MOTEL & HOTEL, INC.

Principal Place of Business

2127 LANGLEY CIRCLE  
 ORLANDO FL 32835

Mailing Address

2127 LANGLEY CIRCLE  
 ORLANDO FL 32835

2. Principal Place of Business

2025 W. SR 434

3. Mailing Address

2025 W. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

65-0873342

Applied For

Not Applicable

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AHMED, HASAN  
 2127 LANGLEY CIRCLE  
 ORLANDO FL 32835

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, 2002 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  Delete  
 NAME PST AHMED, HASAN  
 STREET ADDRESS 2127 LANGLEY CIRCLE  
 CITY-ST-ZIP ORLANDO FL 32835

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 2025 W. SR 434  
 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02  
 Date Daytime Phone #

CR2E034 (9/01)