

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026081

1. Entity Name

MISA CONSULTING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90045 010 ***150.00

Principal Place of Business

3224 BAY SHORE ROAD
SARASOTA FL 34234

Mailing Address

3224 BAY SHORE ROAD
SARASOTA FL 34234-5726

2. Principal Place of Business

1377 5th Str
Suite, Apt. #, etc.
SARASOTA FL

3. Mailing Address

1377 5th Str.
Suite, Apt. #, etc.
SARASOTA FL

City & State

City & State

Zip 34236

Country USA

Zip 34236

Country USA

4. FEI Number

65-0901561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOHAMMED, ASIM
3224 BAY SHORE ROAD
SARASOTA FL 34234

7. Name and Address of New Registered Agent

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, 2000 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 D
NAME MOHAMMED, ASIM
STREET ADDRESS 3224 BAY SHORE ROAD
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00
Date

941-316-9677
Daytime Phone #