

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P99000033282

1. Entity Name

HOLLY KASHEF, P.A.

Principal Place of Business

83 ALAFAYA WOODS BLVD.
OVIEDO FL 32765

Mailing Address

83 ALAFAYA WOODS BLVD.
OVIEDO FL 32765-6235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASHEF, HOLLY
7836 CHERRY LAKE ROAD
GROVELAND FL 34736

7. Name and Address of New Registered Agent

Name

HOLLY NADJI-KASHEF

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

83 Alafaya Woods Blvd.

City

Oviedo

FL

Zip Code

32765

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

H. Nadji Kashef

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

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: President
NAME: HOLLY NADJI-KASHEF
STREET ADDRESS: 83 Alafaya Woods Blvd.
CITY-ST-ZIP: Oviedo, FL 32765

TITLE: President
NAME: Owrang Kashef
STREET ADDRESS: 83 Alafaya Woods Blvd.
CITY-ST-ZIP: Oviedo, FL 32765

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE: ☐ Change ☐ Addition
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: H. Nadji Kashef, P.A.

1/20/00

407-359-0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #