

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90150 047 \*\*\*150.00

DOCUMENT # P99000033282

1. Entity Name

HOLLY NADJI-KASHEF, DMD, PA

Principal Place of Business

Mailing Address

83 ALAFAYA WOODS BLVD.  
OVIEDO FL 32765

83 ALAFAYA WOODS BLVD.  
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

83 Alafaya Woods Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32765

USA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

NADJI-KASHEF, HOLLY  
83 ALAFAYA WOODS BLVD  
OVIEDO FL 32765

Name

Holly Nadji

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, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/30/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME NADJI-KASHEF, HOLLY  
STREET ADDRESS 83 ALAFAYA WOODS BLVD  
CITY-ST-ZIP OVIEDO FL 32765

TITLE **P** ☒ Delete  
NAME KASHEF, OWRAND  
STREET ADDRESS 83 ALAFAYA WOODS BLVD  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Holly Nadji, DMD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 83 Alafaya Woods Blvd.  
CITY-ST-ZIP Oviedo, FL 32765

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

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

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

TITLE ☐ Change ☐ Addition  
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: H. Nadji

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)