

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000036575**

Entity Name

Enid Porrata, PA



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90017 009 ***150.00

Principal Place of Business

Mailing Address

13541 Eyas Rd.

Orlando, FL 32837

Principal Place of Business

3. Mailing Address

13541 Eyas Rd.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3571823

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

Country

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

Enid Porrata
 13541 Eyas Rd.
 Orlando, FL 32837

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President	<input type="checkbox"/> Delete
Enid Porrata	
13541 Eyas Rd.	
Orlando, FL 32837	
Vice President	<input type="checkbox"/> Delete
Abderrahim Gammouth	
13541 Eyas Rd.	
Orlando, FL 32837	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00 (401)888-8448

Date

Daytime Phone #

CR2E034 (9/99)

**ENID PORRATA, PA
13541 EYAS RD.
ORLANDO, FL 32837
PHONE : (407) 888-8448**

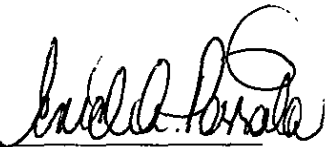
Attachment
P99000030575
A0078763

TO WHOM IT MAY CONCERN:

MY CORPORATION BEGAN IN APRIL 1999. I DID NOT RECEIVE MY CORPORATE ANNUAL BUSINESS REPORT. I AM NOW SENDING A BLANK REPORT WHICH I GOT FROM MY CPA.

PLEASE EXCUSE ANY PENALTY THERE MIGHT BE. SINCE THIS WAS MY FIRST YEAR INCORPORATED I WAS NOT AWARE OF THIS FEE, BUT THIS WILL NOT HAPPEN AGAIN IN THE FUTURE. ANY QUESTIONS, PLEASE CALL ME AT THE NUMBER LISTED ABOVE.

THANK YOU,

A handwritten signature in cursive script, appearing to read "Enid Porrata", written over a horizontal line.

ENID PORRATA