

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002.**

FILED

DOCUMENT # P99000036575

1. Entity Name

Enid Porrata, P.A.

02 AUG 20 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13541 Eyas Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

4. FEI Number

59-3571823

Applied For

Not Applicable

Zip

32821

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Enid Porrata

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

13541 Eyas Rd

City

Orlando

FL

Zip Code

32821

**DO NOT WRITE
IN THIS SPACE**

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

Enid A. Porrata

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Enid Porrata
13541 Eyas Rd
Orlando, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Gamout Abdurrahim
13541 Eyas Rd
Orlando, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Enid A. Porrata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

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****300.00 ****300.00

**ENID PORRATA, PA.
DOC. # P99000036575**

AUGUST 15, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE REINSTATEMENT FEE OF \$ 600 FOR MY CORPORATION. I DID NOT FILE THE UNIFORM BUSINESS REPORTS ON TIME BECAUSE I NEVER RECEIVED THEM. ENCLOSED IS A CHECK FOR \$300 FOR THE ANNUAL REPORT FEES FOR THE YEARS 2001 AND 2002.

THANK YOU FOR YOUR ATTENTION,



ENID PORRATA, P.A. PRESIDENT