

2000 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-15-2000 90174 005 ***150.00

DOCUMENT # P99000046565

1. Entity Name
KERMALLI CONSULTING SERVICES, INC.

Principal Place of Business

2549 GRASSY POINT DRIVE
 LAKE MARY FL 32746

Mailing Address

2549 GRASSY POINT DRIVE
 LAKE MARY FL 32748-6409

305720

2. Principal Place of Business

1973 CORPORATE SQ. DR.
 Suite, Apt. #, etc.

3. Mailing Address

1973 CORPORATE SQ. DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HONGWOOD FL

City & State
HONGWOOD FL

4. FEI Number
(59-3578096)

Applied For
 Not Applicable

Zip Country
32750

Zip Country
32750

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MUNSHI, A.
718 SUGAR BAY WAY
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name **MUHAMMAD KERMALLI**
 Street Address (P.O. Box Number is Not Acceptable)
1973 CORPORATE SQUARE DR
 City **HONGWOOD** FL Zip Code **32750**

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]* **MUHAMMAD KERMALLI**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **April 26th, 2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD KERMALLI, MUHAMMAD ALI 2549 GRASSY POINT DRIVE LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KERMALLI, MUHAMMAD ALI 1973 CORPORATE SQUARE DR HONGWOOD FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 officers empowered.

SIGNATURE: *[Signature]* **MUHAMMAD KERMALLI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 26/00** 407-718-8052

CR2E034 (9/99)